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National Highway Traffic Safety Administration

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AIR BAG ACCIDENT INVESTIGATION

CASE NO. 93-04

, MICHIGAN

TECHNICAL REPORT

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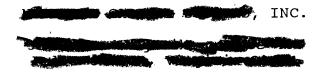
The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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AIR BAG ACCIDENT INVESTIGATION CASE NO. 93-04

, MICHIGAN

Contract No. DTHN 22-87-C-17169

Prepared for:

U.S. Department of Transportation National Highway Traffic Safety Administration Washington, D.C. 20590

NCSI In-Depth Case No. 93-04

Summary

This report is an in-depth vehicle accident study involving a 1993 Dodge Intrepid (case vehicle), a 1992 Plymouth Sundance (Vehicle 2), and a 1986 Buick Century (Vehicle 3). The Intrepid was equipped with both a driver's side and passenger side supplemental air bag system which deployed during the accident. The Sundance was equipped with a driver's side supplemental air bag system which also deployed during the accident.

The accident occurred on State Route (Michigan. The Intrepid was travelling southbound in the number three lane (third lane from the curb). The Sundance was also travelling southbound in the number one lane. The Century was travelling northbound in the number one lane. According to witnesses, the Century attempted a left hand turn from the number one lane (crossing six lanes of traffic) into a private business entrance. The Century avoided collisions with all other northbound traffic but was initially struck on the right side with the front end of the Intrepid. After initial impact with the Intrepid, the Century began to rotate in a clockwise direction. As it crossed into the number one southbound lane it was struck on its left side by the front left corner of the Sundance. These two vehicles experienced some snagging and rotated together in a counter-The Sundance separated from the Century, clockwise direction. continued to rotate in a counter-clockwise manner, tripped on its right side wheels and rolled one quarter turn impacting a luminaire pole with its roof. The luminaire pole was located on the west roadside.

Following impact, the Intrepid rotated clockwise approximately eighty degrees, coming to rest nearly sideways and occupying both the number two and three southbound lanes. The final resting position of the Sundance was approximately fifty degrees counterclockwise from its original heading. The Sundance came to rest on its right side with its roof against a luminaire pole located on the west roadside. The Century came to rest facing north in the number one southbound lane. No physical evidence was present at the time of scene inspection other than scattered vehicle debris (swept to the west roadside) and the struck luminaire pole.

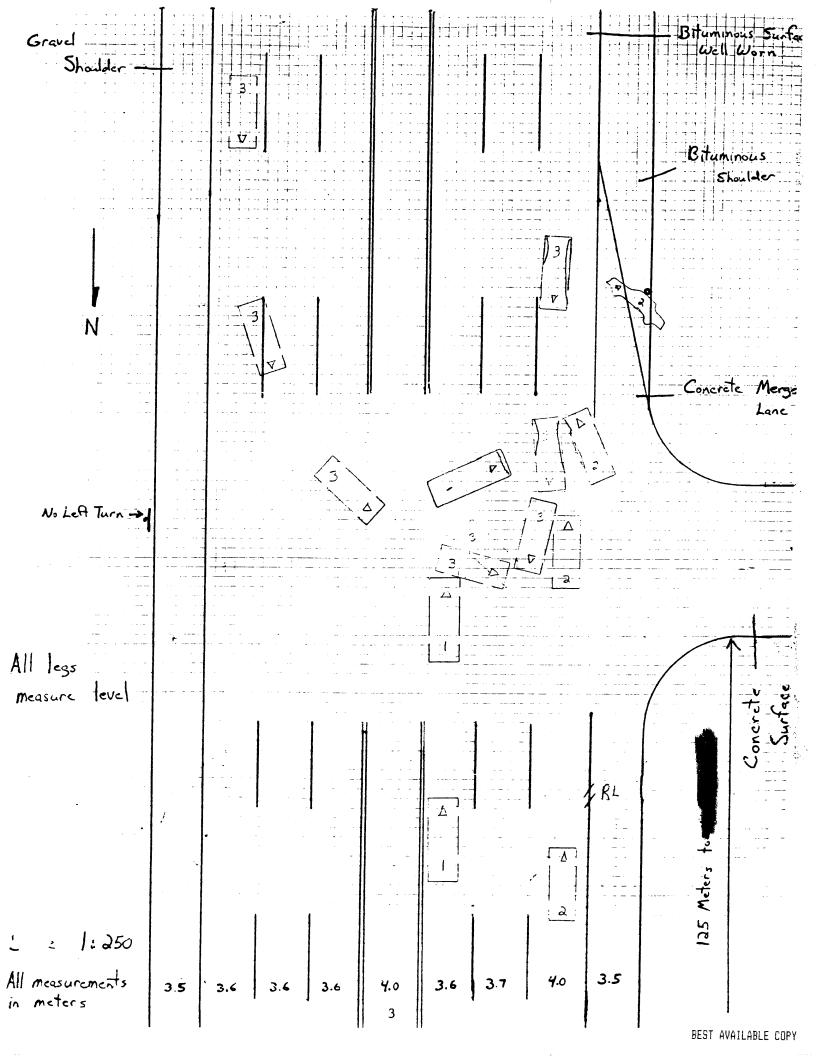
The Intrepid was nearly completely repaired at the time of The interior, however, had not yet been repaired inspection. including both the driver's and passenger's air bags. conclusions could be deduced based on the investigation, body shop The Intrepid sustained personnel statements, and interviews. probable frontal direct damage with /a nearly full undocumented) CDC of 11-FDEW-2. This is based on the corresponding damage to Vehicle 3, body shop descriptions, and the following list of replaced parts: windshield (stress damage only), hood, both front fenders, radiator assembly, front core (bumper), grille, RF frame rail, and the power steering and air conditioning pulleys. All doors remained fully functional with no damage. The investigation revealed no available photographs of this vehicle's damage. No computer models could be employed to determine a Delta-V for the Intrepid/Sundance impact as the front damage information for the Intrepid was unknown. Vehicle 3 was assigned a CDC of 02-RZEW-3 for this impact.

The driver of the Intrepid, who was protected by her manual lap and shoulder belt as well as a driver's side air bag, sustained muscle strains to the thoracic and cervical spine areas, an abrasion to the right forearm, and a contusion to the left ring finger. The RF passenger, who also was protected by a manual lap and shoulder belt as well as a passenger side air bag, sustained an abrasion to his right lower leg and claimed some swelling to all digits on both hands. The two rear seat occupants also were protected by manual lap and shoulder belts and claimed no injuries.

The Sundance (Vehicle 2) impacted Vehicle 3 in the number one southbound lane. Vehicle 3 was in a rapid clockwise rotation at the time of impact with Vehicle 2. The assigned CDC for Vehicle 2 was 12-FRAE-9 as the impact initiated through the frontal plane and left side damage extended 40 cm rearward of the rear axle. Vehicle 3 was assigned a CDC of 10-LDEW-3 for this impact. While a CRASH III computer model was executed for this impact (see Appendix D), physical evidence demonstrates that significant snagging occurred during this collision which invalidates the model. Vehicle 2 and 3 rotated together in a clockwise direction. Upon separation, Vehicle 3 rolled backward to its final resting position while vehicle 2 continued to rotate until it tripped on its right side Vehicle 2 rolled one quarter turn and impacted a luminaire pole where it came to its final resting position. This resulted in two additional CDCs being assigned to Vehicle 2 of 00-RDAO-2 and 00-TPDN-2.

The driver of Vehicle 2, who was protected by a manual lap and shoulder belt as well as a driver's side air bag, sustained only minor lacerations across her face and a minor abrasion to her right wrist.

Driver 3 was not interviewed and received unknown type injuries. Inspection of Vehicle 3 indicated that this driver was protected by a manual lap and shoulder belt.



NCSI IN-DEPTH ACCIDENT INVESTIGATION AIR BAG ACCIDENT INVESTIGATION

FLEET - Private Owner LOCATION - Michigan CASE NO. - 93-04

IDENTIFICATION

Location/Street:

State Route

Area/Type:

Urban/Commercial

Accident Date/Time:

or barry commercial

Notification Date: 1993

Investigating Police Agency:

1993 at hours

Accident Type:

Car v. Car, Angle Car v. Car, Angle

Car v. Rollover into Pole

Case Vehicle (V-1)

Occupant Injury Severity:

AIS-1, Minor

AMBIENCE

Viewing *Conditions:

Daylight

Weather:

Cloudy

Precipitation:

Light rain (contrary to PAR)

Road Surface:

Wet (in agreement with PAR)

ROADWAY

Location:

Type:

Arterial

Width:

26 meters

Number of Lanes:

Seven (turn lane included)

Median:

Center turn lane, 4 meters wide

ROADWAY, CONTINUED

Surface Material: Asphaltic aggregate, polished

Road Edge: West side, paved East side, gravel

Traffic Density: Moderate to heavy

Coefficient of Friction: .55 (estimated)

Vertical Alignment: Level, all approaches

Horizontal Alignment: Straight, all approaches

TRAFFIC CONTROLS

Signals/Signs: Signals present but inactive at

time of collision

Speed Limit: 72 KPH (45MPH)

VEHICLES

Case Vehicle Vehicle 2 Vehicle 3

Year: 1993 1992 1986

Make: Dodge Plymouth Buick

Model: Intrepid Sundance Century

Body Style: 4 Door 3 Door 4 Door

VIN: 2B3ED56T8PH* 3P3XP64K2NT* 1G4AL19R1GT*

Exterior Color: Gray Blue Brown

Odometer Reading: 10,716 KM 5,612 KM 117,725 KM

Securiflex

Windshield: Not Present Not Present Not Present

Windshield Damage: Yes Yes Yes

Engine: V6, 3.3L I4, 2.2.L V6, 3.8L

Transmission: Automatic, Automatic, Automatic, Floor Mount Floor Mount Column Mount

Steering: Power Assisted Power Asstd. Power Asstd.

VEHICLES, CONTINUED			
, <u></u> ,	Case Vehicle	Vehicle 2	Vehicle 3
Brake System:	Front Disc, Rear Drum	Front Disc, Rear Drum	Front Disc, Rear Drum
Interior Padding:	Instrument panel, door panels, arm rests, head restraints, sunvisors	Instrument panel, door panels, arm rests, head restraints, sunvisors	Instrument panel, door panels, arm rests, head restraints, sunvisors
Driver Active Restraint System Availability:	Active 3 point	Active 3 point	Active 3 point
Driver Active Restraint System Usage:	In use	In use	In use
Usage Sources:	Inspection, PAR, Interview	Inspection, PAR, Interview	Inspection, PAR
Passive Restraint System:	Driver and Passenger Air Bag	Driver Air Bag	None
Passive Restraint Function:	Proper Deployment	Proper Deployment	N/A
VEHICLE DAMAGE			
Object Struck:	Vehicle 3	V3, rollover, luminaire pole	V1, V2
Event Number:	1	2,3,4	1,2
Damage Location:	Front	F, R, T	R, L
CDC:	99-F9EW-9	12-FLAE-9 00-RDAO-2 00-TPDN-2	02-RZEW-3 10-LDEW-3
Tow Status:	Towed due to damage	Towed due to damage	Towed due to damage

VEHICLE DAMAGE, CONTINUED

Exterior Damage:

Case Vehicle (V1):

The frontal surface of V1 struck the right rear quarter panel of V3. V1 was under repair at the time of inspection and the damaged parts were no longer available. No photographs were available showing V1's damage. The following parts were damaged and replaced by the body shop: bumper/nose cone, core support, hood, RF fender, LF fender, radiator, power steering pulley, air conditioning pulley, grille, RF frame rail, and windshield. An interview with the repairman revealed the following: the windshield suffered from stress fracture damage only - no spiderweb or impact damage present, no tire or wheel damage occurred, no steering system damage occurred, and no door, hinge or latch damage occurred.

Vehicle 2:

Vehicle 2's initial impact was at the LF bumper corner as V3 was rotating into V2's path (post-impact trajectory from impact #1 with V1). V2 struck the LR quarter panel of V3. The two vehicles were in a side-to-side impact configuration at maximum engagement. V2 sustained minimal frontal damage as maximum crush at the bumper corner was 9.5 cm, however, damage extended 373 cm down the left side of the vehicle. Damage patterns to the two vehicles indicate that a snag occurred as the vehicles rotated clockwise together. The damage to V2's front and left side was judged to be one continuous impact and a CDC of 12-FLAE-9 was assigned. components from this impact included the front bumper, left fender, left door, left A-pillar, left quarter panel, hood, and windshield. Damage from the rollover sequence was assigned a CDC of 00-RDAO-2 and displayed minor surface damage to all components on the right side. The impact with the luminaire occurred while the vehicle was This impact was also relatively minor and assigned a on its side. No intrusions occurred as a result of this CDC of 00-TDPN-2. The direct damage consisted of a 7 cm wide dent that extended laterally between the roof rails at the B-pillars.

Vehicle 3:

Vehicle 3 was initially struck on the right rear quarter panel by the front of V1. Direct damage was measured to be 164 cm with a field L of 187 cm. A D value was calculated to be -158 cm. Damage was restricted to the rear bumper corner, right rear quarter panel, right rear door, and trunk lid. Maximum crush was measured to be 31.3 cm and located at C3. A CDC of 02-RZEW-3 was assigned.

Vehicle 3's second impact was located on the left side of this vehicle. Direct damage indicated that the left front bumper corner of V2 impacted the left rear wheelwell area of V3 just behind the

VEHICLE DAMAGE, CONTINUED

tire. The damage extends from the left rear bumper corner to 36 cm forward of the left front axle. Direct damage was measured to be 396 cm while the field L was measured at 400 cm. The D value was calculated to be -25 cm. Maximum crush was measured to be 40 cm and located at C2. A CDC of 10-LDEW-3 was assigned for this impact. The LR and RR tires showed excessive wear including exposure of the steel cords.

Interior Damage:

Case Vehicle (V1):

Interior damage to the case vehicle was minimal. A total of eleven occupant contacts were noted: four cloth transfers were noted on the driver's knee bolsters, two scuffs on the instrument panel below the passenger air bag compartment, one scuff on the rear of each front seatback, a crack in the plastic cover of the lower right B-pillar, a lipstick transfer on the driver's air bag, and a scuff on the passenger side air bag. The rear view mirror was knocked off its mounting position (on the upper center windshield) which is believed to not be associated with occupant contact. shop fracture damage (per body windshield suffered stress personnel). The vehicle interior demonstrated no integrity loss or intrusions. The distance between the front seat positions and the air bag modules were measured as follows: LF - headrest to top of steering wheel was 79 cm, front of seat bottom to dash was 18 cm, RF - headrest to front of dashboard was 77 cm, front of seat bottom to bottom of glove box was 30 cm. These measurements represent the front seats at their forward most position. This position was verified during the driver interview.

Vehicle 2:

Vehicle 2 showed integrity loss as both right and left front windows were disintegrated during the course of the accident. The windshield displayed both contact and stress fracture damage. Intrusions were noted at the left rear seating position of the door panel and B-pillar (11 and 14 cm, respectively). Very minor (not codeable) intrusion was noted at the driver's door panel (2.5 cm). No damage or intrusion was noted to either the vehicle dashboard area or the roof. A total of three possible occupant contacts were noted: two separate lipstick transfers on the driver's air bag and a spiderweb-type fracture to the windshield in the passenger side area.

Vehicle 3:

The passenger compartment of Vehicle 3 displayed a total of eight intrusions. Five of these were codeable while three were not. The intrusions noted were as follows: left C-pillar, LR door panel,

VEHICLE DAMAGE, CONTINUED

left B-pillar, right C-pilar, RR door panel, LF door panel, LR roof rail, and LF roof rail. Corresponding intrusion amounts were noted as: 33.5, 29.6, 8.0, 6.0, 4.5, 1.5, 1.5, and 1.0 cms. respectively. Seven occupant contact points were also noted: left sunvisor, left A-pillar, right side windshield, LF armrest, left door surface, left B-pillar, and the RF headrest.

COLLISION SEQUENCE

Pre-Crash:

At approximately hours on 1993, the case vehicle, a 1993 Dodge Intrepid equipped with both driver's side and passenger side air supplemental air bag restraint systems, was travelling southbound in the number three lane of SR-1 in Michigan. A 1992 Plymouth Sundance was also travelling southbound on SR-1 but in the number one lane and slightly behind the Intrepid. A 1986 Buick Century was travelling northbound in the number one lane of SR-1. For unknown reasons, the Century made a wide left turn, crossing several lanes of traffic and into the southbound lanes.

Crash:

The frontal surface of the Intrepid struck the right rear surface of the Century as the Century crossed the Intrepid's path of travel. The collision was of sufficient magnitude to cause deployment of the Intrepid's driver and passenger air bag modules.

Post-Crash:

After impact with the Century, the Intrepid rotated approximately eighty degrees and came to a rest occupying both the number two and three northbound lanes. The Century rotated approximately ninety degrees while its CG continued to move in a westerly direction across the southbound lanes. The Century was then struck on the right side by the Sundance with its front left corner. vehicles rotated together in a counterclockwise direction (some snagging occurred) while their CGs travelled in a south westerly direction. As the vehicles separated, the Century rolled backwards in a southerly direction and came to rest facing north in the The Sundance, while rotating one southbound lane. counterclockwise and traveling in a south westerly direction, left the travel lanes and tripped on its right wheels. The Sundance rolled one quarter turn and impacted a luminaire pole with its The Sundance came to rest on its right side, against this pole, facing south/southeast.

Police Activities:

The was notified of the accident at hours. Response time was not reported. No photographs were taken by the police.

Rescue Activities:

No vehicles displayed signs of extrication equipment usage. According to PAR information and interviews, all three drivers were taken to a second search revealed that no record of treatment could be found for any of the three victims.

VEHICLE VELOCITY ESTIMATES

A CRASH III computer reconstruction could not be executed for impact #1 (between case vehicle and vehicle 3) due to lack of damage information on the case vehicle. An OLDMISS computer reconstruction of this impact also could not be executed as the end damage information was lacking. The impact, however, was of sufficient magnitude to cause deployment of the Intrepid's air bag modules.

A CRASH III computer reconstruction was executed for impact #2 (between V2 and V3) and yielded a speed change (Delta-V) of 19 KPH for V2 and 18 KPH for V3. This reconstruction should be considered as borderline due to the two vehicles snagging while in rotation.

RELEVANT SAFETY ISSUES

Applicable Standards: FMVSS 208

Occupant Crash Protection: The 1993 Dodge Intrepid was equipped with a factory installed driver and passenger supplemental air bag restraint system. Both air bag modules deployed on impact, reducing the severity of the injuries to the driver and right front passenger.

The 1992 Plymouth Sundance was equipped with a factory installed driver supplemental air bag restraint system. The driver air bag module deployed on impact, reducing the severity of the injuries to the driver.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE

Driver Data

Age: 37

Sex: Female

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE

Driver Data, Continued

170 cm Height:

Weight: 68 kg

Normal, upright, both hands on Posture:

wheel

Ejected: No

Entrapped: No

Active Restraint

3 point lap and shoulder belt System Usage:

Vehicle inspection, PAR, interview Usage Source:

Physical State: No reported disorders

Psychological

State: Apparently normal

Vision: Eyeglasses worn, corrected to 20/20

Jewelry Present: Ring worn on ring finger of each

hand

Driver Education: High school program

Vehicle Familiarity: Good

Trip Plan: To home

Route Familiarity: Daily

Manner of Leaving Scene: Ambulance

Type of Medical Treatment: Treated and Released

DRIVER INJURIES

Injury Description Severity Source

Cervical Strain Minor, AIS-1 Restraint System Minor, AIS-1 Minor, AIS-1 Thoracic Strain Restraint System

Abrasion, Right Forearm Air Bag Contusion, Left Ring Finger Minor, AIS-1 Air Bag

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE

Driver Data, Continued

Injury Coding (NASS CDS Protocol)

1st 7-6-4-02-78-1-6-41-1-1-00

2nd 7-6-4-04-78-1-7-41-1-1-00

3rd 7-7-9-02-02-1-1-45-1-1-00

4th 7-7-9-04-02-1-2-45-1-1-00

Driver Kinematics

The driver was apparently seated in a normal position behind the wheel, both hands on the wheel, left foot on the floor and right foot on the accelerator. She was fully restrained by the active three-point lap and shoulder belt system of the Intrepid. In response to the frontal impact force she moved forward relative to the vehicle interior, striking the deployed air bag. Her knees struck the bolsters below the steering column although no injury was reported. Her arms were knocked off the steering wheel as a result of the air bag deployment causing an abrasion to the right forearm and a contusion to her left ring finger. Her eyeglasses remained on her face, somewhat ajar, but did not cause injury or damage to either the eyeglasses or air bag.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #2

Occupant Data

Age: 10

Sex: Male

Height: 122 cm

Weight: 32 kg

Posture: Normal, upright

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Jewelry Present: No jewelry or eyeglasses present

Manner of Leaving Scene: Unknown

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #2

Occupant Data, Continued

Medical Treatment:

None

OCCUPANT #2 INJURIES

Injury Description

Severity Source

Abrasion, Right Lower Leg Minor, AIS-1 Air Bag

Injury Coding (NASS/CDS Protocol)

1st 7-8-9-02-02-1-1-45-1-1-00

OCCUPANT KINEMATICS

The front right occupant of the Intrepid was fully restrained by the active three-point lap and shoulder belt system of the Intrepid. Upon impact with the Century, he moved forward relative to the vehicle interior, striking the deployed passenger air bag. This caused an abrasion to his right lower leg (just below the knee area).

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #3

Occupant Data

Age:

14

Sex:

Male

Height:

178 cm

Weight:

66 kg

Posture:

Normal, upright

Ejected:

No

Entrapped:

No

Active Restraint

System Usage:

3-point lap and shoulder belt

Usage Source:

Vehicle inspection, PAR, interview

Manner of Leaving Scene:

Unknown

Medical Treatment:

None

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #3

Occupant Data, Continued

OCCUPANT INJURIES

The left rear occupant of the Intrepid (Occupant #3) was not injured in this collision.

OCCUPANT KINEMATICS

The left rear occupant was fully restrained by the active threepoint lap and shoulder belt system of the Intrepid. In response to the frontal impact force, he moved forward relative to the vehicle interior. Apparently the hands of this occupant struck the rear of the seatback in front of him without causing injury.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/ OCCUPANT #4

Occupant Data

Age: 12

Sex: Male

Height: 170 cm

Weight: 68 kg

Posture: Normal, upright

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Manner of Leaving Scene: Unknown

Medical Treatment: None

OCCUPANT INJURIES

The right rear occupant of the Intrepid was not injured in this accident.

HUMAN FACTORS/OCCUPANT DATA/CASE VEHICLE/OCCUPANT #4

Occupant Data, Continued

OCCUPANT KINEMATICS

The right rear occupant of the Intrepid was in a normal, upright position and fully restrained by the active three-point lap and shoulder belt of the Intrepid. In response to the frontal impact force, he moved forward relative to the vehicle interior. Apparently the hands of this occupant struck the rear of the seatback in front of him and his right foot struck the lower B-pillar without causing injury.

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #2

Driver Data

Age: 26

Sex: Female

Height: 173 cm

Weight: 61 kg

Posture: Normal, upright, both hands on

wheel

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR, interview

Physical State: No reported disorders

Psychological State: Apparently normal

Vision: Contacts worn, corrected to 20/20

Jewelry Present: None present

Driver Education: High School program

Vehicle Familiarity: Good

Trip Plan: To home

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #2

Driver Data, Continued

Route Familiarity: Daily

Manner of Leaving Scene: Ambulance

Medical Treatment: Treated and Released

DRIVER INJURIES

Injury Description Severity Source

Multiple facial lacerations Minor, AIS-1 Flying glass

Abrasion, right wrist Minor, AIS-1 Air Bag

Injury Coding (NASS CDS Protocol)

1st 7-2-9-06-02-1-0-91-1-3-00 2nd 7-7-9-02-02-1-1-45-1-1-00

DRIVER KINEMATICS

The driver was apparently seated in a normal position with both hands on the steering wheel, right foot on the accelerator and left foot on the floor. She was fully restrained by the active three-point lap and shoulder belt system of the Sundance. In response to the frontal impact force she moved forward relative to the vehicle interior striking the deployed driver air bag. The deployment of the air bag caused a minor abrasion to the right wrist of the driver. As the vehicle rotated in a counterclockwise manner and tripped on its right wheels, she apparently struck the air bag again as the vehicle rolled onto its side. This left a smearing type lipstick mark on the upper right portion of the air bag. During the course of the accident, both right and left front windows disintegrated causing several minor lacerations to the face of the driver.

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #3

Driver Data

Age: 27

Sex: Female

Height: Unknown

Weight: Unknown

HUMAN FACTORS/OCCUPANT DATA/VEHICLE #3

Driver Data, Continued

Posture: Unknown

Ejected: No

Entrapped: No

Active Restraint

System Usage: 3-point lap and shoulder belt

Usage Source: Vehicle inspection, PAR

Physical State: No reported disorders

Psychological State: Unknown

Vision: Unknown

Jewelry Present: Unknown

Driver Education: Unknown

Vehicle Familiarity: Unknown

Route Familiarity: Unknown

Trip Plan: Unknown

Manner of Leaving Scene: Ambulance

Medical Treatment: Unknown

DRIVER INJURIES

The driver of vehicle 3 suffered unknown type injuries (non-fatal).

LIST OF ATTACHMENTS

Appendix A: Police Accident Report

Appendix B: NASS/CDS Data Collection Forms

Appendix C: Air Bag Supplement Forms

Appendix D: CRASH 3 Output

APPENDIX A

1 4 5 6 0 4 0

▲Unit State	Oriver License Number			BEST AVAILABLE COPY
Number M			Date of Birth	License Type Sex Heard
6 First Name			Month Day Year	O C CY C M Action To
	Histor			CIF
			Position Restraint Ambulances	M C R L
C C Street Addr	W.	Phone Humber	Position Restraint Ambulance	to the
Unit Type City			1 04	
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APPENDIX B

U.S. Department of Transportation

National Highway Traffic Safety

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU NCSI

CASE NO. 93-04

TYPE OF ACCIDENT Three Vehicle; angle, angle, roll

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

V1 was travelling SB in #3 lane of a 7 lane arterial. V2 was also travelling SB but in the #1 lane. V3 was travelling NB in the #1 lane. V3, for unknown reasons made a left turn across all lanes and was struck on the right rear by the front of V1. V3 then rotated in a CW manner approximately 80 degrees and was struck on the left side by the front of V2. V2 and V3 snagged while rotating CCW. Upon separation, V2 tripped on its right wheels and rolled one quarter turn and impacted a luminaire pole with its top

V1 was equipped with both driver and passenger supplemental air bags.

Both air bags deployed as a result of the frontal impact with V3.

V2 was equipped with a driver air bag which also deployed as a result of its impact with V3.

V2s impact with the luminaire pole was minor and caused no damage to the pole.

		B. VEHIC	LE PROFILE(SI	
is in the	Class			e Damage 🛴 . cle Inspection 👍	Sec. 10 10 10 10 10 10 10 10 10 10 10 10 10
Vehicle No.	of ≱ Vehicle	Year/Make/Model	Damage *** Plane ****	Severity Description	Component Compon
	Full size	1993 Dodge Intrep	id F	Moderate	None
, 2	Subcompact	1992 Ply. Sundand	e. F & L.	Moderate	: None
3 -	Subcompact	1986 Buick Centur	y L & R	Moderate	None
2 A					



U.S. Department of Transportation National Highway Traffic Safety Administration

ACCIDENT COLLISION MEASUREMENT TABLE

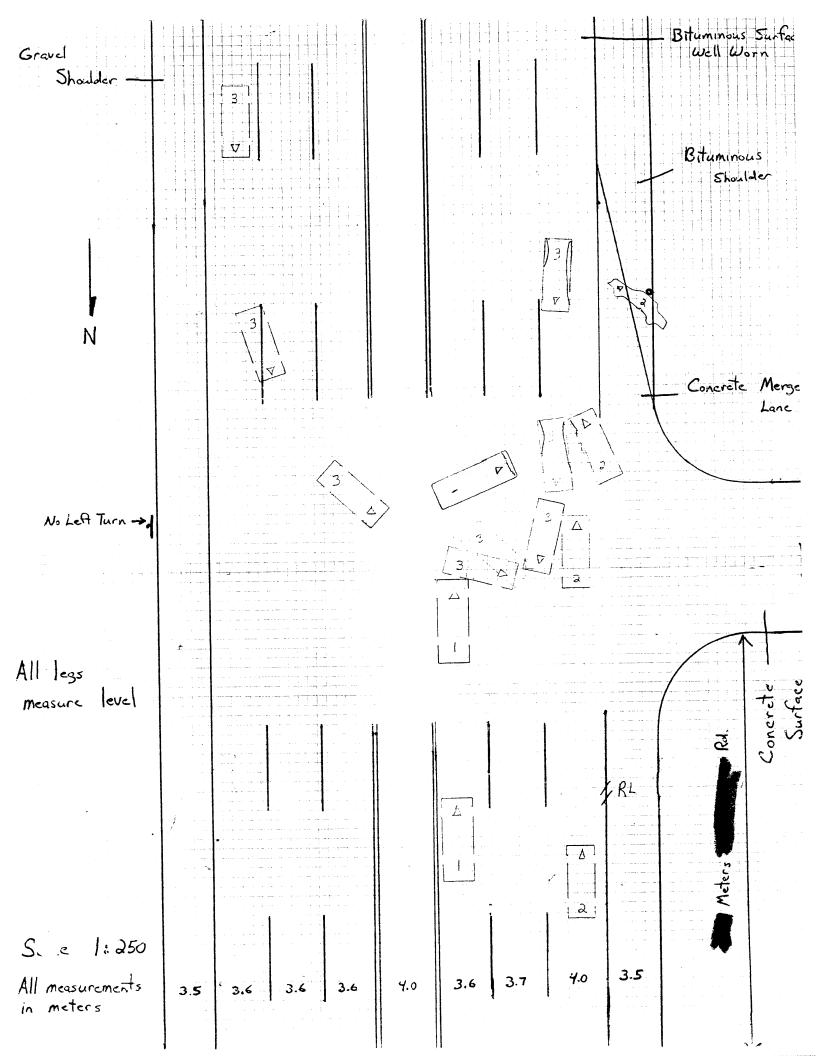
NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number $\underline{\mathit{NC}}\,\underline{\mathit{SI}}$

Case Number—Stratum 9 3 0 4

ACCIDENT COL	LISION DIAGRAM				
LEVEL I	LEVEL II (Cont'd)	C	RASH DA	ATA	
PHYSICAL EVIDENCE ABSENT	physical evidence is present:				
To be accomplished when there is no physical evidence present at the scene:	document reference point and reference line relative to physical features present at the scene	Heading Angle	VEH. #1 ○○	VEH. #2	VEH. #3
 approximate vehicle orientation at impact and final rest 	* scale documentation of all accident induced physical evidence		I		194
 applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) 	* scaled documentation of all roadside objects contacted	Surface Type	bit_	<u>b,+</u>	<u>b.t</u>
applicable traffic controls (e.g., speed limit)	* roadway surface type and condition of applicable roadways	Surface Condition	well worn	well	well worn
* north arrow placed on diagram * sketch required	grade measurements for all applicable roadways and at location of rollover initiation	Grade (v/h) Measurement (between impac	level	level	<u>level</u>
LEVEL II PHYSICAL EVIDENCE PRESENT	 scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: 	and final rest) Grade (v/h) Measurement		level	
In addition to the level I tasks noted above, the following must be accomplished when	a) physical evidence, or b) reconstructed accident dynamics	(at location of rollover initiation)	7001	4

Reference Point: NW geometric corner	Reference line: ω ed	e of
of and		
Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Laminaire (struck by V2)	147.55 5	· 3.4 W
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	,	4.1.4
	,	





U.S. Department of Transportation

National Highway Traffic Safety Administration

NATIONAL ACCIDENT SAMPLING SYSTEM ACCIDENT FORM NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

- 2. Case Number Stratum

IDENTIFICATION

- ·拉尔斯特·加州斯里里 3. Number of General Vehicle Forms Submitted

ANY 1847 1941 1941

4. Date of Accident (Month, Day, Year)



1. 14等。**除数 23 COLO** 19 5. Time of Accident

(findeen de mate 1808 10

patrille de seguir in the seguir Code reported military time of accident.

NOTE: Midnight = 2400 Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (/) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS14 Fatal AOPS TO THE STATE OF THE STATE



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NUMBER OF EVENTS

11. Number of Recorded Events

An in This Accident 4、 编 2 字 🧎

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Code the number of events which occurred -in this accident.

Windship II

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right. and all the

	· · · · · · · · · · · · · · · · · · ·
- Cor	neral Vehicle Number *** General
Accident Event Control	neral Vehicle Number General General Area of
	a of Or Class Of Area of
Sequence Vehicle Class Of Are	
Don Don	nage Object Contacted Vehicle Damage
Number Number Vehicle Dan	III GO CONTROL

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR **CLASS OF VEHICLE**

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (\leq 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND

OTHER VEHICLES

TDC APPLICABLE VEHICLES

- (N) Noncollision

- (L) Left side
- (B) Back

- (0) Not a motor vehicle (0) Not a motor vehicle
 - (N) Noncollision

 - (F) Front (F) Front (R) Right side (R) Right side
 - (L) Left side
 - (B) Back of unit with cargo (T) Top area (rear of trailer or straight truck)
 (U) Undercarriage (D) Back (rear of tractor)
 - (C) Rear of cab
- (V) Front of cargo area
- Тор (T) Тор
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
 - (42) Tree (> 10 cm in diameter)
 - (43) Shrubbery or bush
 - (44) Embankment
 - (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but \leq 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
 - (61) Ground
- (62) Fire hydrant
 - (63) Curb
 - (64) Bridge
 - (68) Other fixed object (specify):
 - (69) Unknown fixed object

Collision with Nonfixed Object

(71) Motor vehicle not in-transport

- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):

불어지는 얼굴로 보이는 보다는 것이 없다면서?

- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

National Highway Traffic Safety Administration

ACCIDENT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	DA	TA	STAT	rus	OF V	'ARIA	ABLE	וטמ	MBEF	RS 1-	81
1. PSU Number NCSI	1	2	3	4	5	6	7	8	9	. 10	11
2. Case Number – Stratum 9 3 0 4										T	
3. Assigned Researcher Number						1	1				
4. PSU Reviewer Number	12	13	14	15	16	. 17	18				
5. Sample Date Notified 193											
6. Date Scene Field Work Completed 193	19	20	21	22	23	24	25				
TO BE COMPLETED BY ZONE CENTER											
7. Type of Scene Inspection	26	27	28	29	30	31	32				
(1) No physical evidence (2) Drive by (photos only)											na alak diri
(2) Drive by (photos only) (3) Physical evidence present	33	34	35	36	37	38	39			i ja ja ja	
8. Field Documentation Of Physical Plant		1.						₹.	¥		
(0) Not applicable (1) Substandard - beyond researcher control			40		44	45	46				
(2) Substandard (3) Standard	40	41	42	43	44	45	46				
9. Field Documentation Of Physical Evidence			<u> </u>								
(0) Not applicable (1) Substandard - beyond researcher control	47	48	49	50	51	52	53	1			
(2) Substandard (3) Standard											
10. Quality Of Scene Diagram	54	55	56	57	58	59	60				
(0) Not applicable (1) Substandard - beyond researcher control											
(2) Substandard (3) Standard				64	65	66	67				
11. Number of Scene Slides	61	62	63	64	65	T	T	1			
		L	<u>. </u>	<u> </u>	<u> </u>	L	<u> </u>	j			Ť.,
12. Scene Slides Subject Quality (0) Not applicable	68	69	70	71	72	73	74	1			
(1) Substandard - beyond researcher control (2) Substandard				<u> </u>	<u> </u>		<u> </u>]			
(3) Standard	75	76	77	78	79	80	81				
13. Scene Slides Quality (0) Not applicable		İ			T]			
(1) Substandard - beyond researcher control (2) Substandard (3) Standard		<u> </u>			. 1			_			
14. Number Of Researcher Coded Events	Data	Stat	us Co	odes:							
15. Number Of Events Added By Zone Center			Corre								
16. Number Of Events Deleted By Zone Center	(3)	Cor	rectal	ole er		or					
17. Correct Stratum Character	(5)	Seq	nge- uenci	ng er	ror	ida.					
18. Stratum Checked By (Initials)	(8)	MD	orrect E erro nowr)1	overri ed	iue					

Participation of the Augustus
U.S. Department of Transportation

National Highway Traffic Safety

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

¹. Primary Sampling Unit Number NCSI	11. Police Reported Alcohol Presence (0) No alcohol present
2. Case Number - Stratum 9304	(1) Yes (alcohol present) (7) Not reported
3. Vehicle Number	(8) No driver present (9) Unknown
VEHICLE IDENTIFICATION 4. Vehicle Model Year Code the last two digits of the model year (99) Unknown 5. Vehicle Make (specify):	Note: See variables 37 through 55 (Page 4) for information on Other Drugs 12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown	(97) AC test performed, results unknown (98) No driver present (99) Unknown Source: PAR
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown	ACCIDENT RELATED 13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown
Body Type Note: Applicable codes may be found on the back of this page.	45 mph X 1.6093 = 12.4/85 kph 14. Attempted Avoidance Maneuver (00) No impact (01) No avoidance actions
8. Vehicle Identification Number	(02) Braking (no lockup) (03) Braking (lockup)
<u> 283ED56</u>	(04) Braking (lockup unknown) (05) Releasing brakes
Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's	(06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating
OFFICIAL RECORDS	(11) Accelerating and steering left (12) Accelerating and steering right
9. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage	(97) No driver present (98) Other action (specify):
(9) Unknown	(99) Unknown
10. Police Reported Travel Speed 9 9 9 Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown	15. Accident Type Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify):
mph X 1.6093 = kph	(99) Unknown
**** SKIP TO VARIABLE GV37 IF G	SV07 DOES NOT EQUAL 01-49 ****

A -:

OC	CUPANT RELATED	24	. Rollover	\circ	
16. Driver Presen (0) Driver no (1) Driver pre (9) Unknown	t present esent		 (0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns 	<u> </u>	
(00-96) Code for this v		1_	(3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):	:	
(97) 97 or mo (99) Unknow 18. Number of O		1	(5) Rolloverend-over-end (i.e., primarily about the lateral axis)(9) Rollover (overturn), details unknown		
	ICLE WEIGHT ITEMS		OVERRIDE/UNDERRIDE (THIS VEHICLE	=)	
	1 11	0.5			
	eight to nearest	_ 0 25.	. Front Override/Underride (this Vehicle)	0	
(045) Less tl	ograms. han 450 kilograms	26	. Rear Override/Underride (this Vehicle)	\bigcirc	
(999) Unkno			(0) No override/underride, or not an end-to-end impact		
Source:	$\frac{1}{2}$ lbs X .4536 = $\frac{1}{2}$, $\frac{4}{2}$ $\frac{5}{3}$ kgs		Override (see specific CDC) (1) 1st CDC (2) 2nd CDC		
	eight to nearest	_0	(3) Other not automated CDC (specify):		
(000) Less tl	ograms. han 5 kilograms kilograms or more wn		Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC		-
	lbs X .4536 = kgs		(6) Other not automated CDC (specify):		
21. Towed Trailin	y Cint	0	(7) Medium/heavy truck or bus override (9) Unknown		
(0) No towed (1) Yes—tow (9) Unknown	ed trailing unit	i ja	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V		
22. Documentation for This Vehico (0) No (1) Yes	on of Trajectory Data cle	2	Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown		
(For Highest I	Condition of Tree or Pole Delta V)		. Heading Angle For This Vehicle OO		
tree or po (1) Not dama (2) Cracked/s (3) Tilted <4 (4) Tilted ≥4 (5) Uprooted (6) Separated (7) Pole repla (8) Other (spe	ged heared 5 degrees 5 degrees tree pole from base ced ecify):	28	Heading Angle For Other Vehicle	6	
(9) Unknown	77/6	Į			

	Secondary Highest
29. Basis for Total Delta V (highest)	32. Lateral Component of Delta V - 9 9 9
Delta V Calculated	
(1) CRASH program—damage only routine	Nearest kph
(2) CRASH program—damage and trajectory	
routine	(NOTE:000 means greater than
(3) Missing vehicle algorithm	-0.5 kph and less than +0.5 kph)
	(±160) ±159.5 kph and above
Delta V Not Calculated	(_999) Unknown
(4) At least one vehicle (which may be this	
vehicle) is beyond the scope of an acceptable reconstruction program, regardless of	33. Energy Absorption 999,900
collision conditions.	33. Energy Absorption 7 7 7, · 1 0 0
(5) All vehicles within scope (CDC applicable)	Nearest 100 joules
of CRASH program but one of the collision	
conditions is beyond the scope of the CRASH	(NOTE: 0000 means less than 50 joules)
program or other acceptable reconstruction	(9997) 999,650 joules or more
technique, regardless of adequacy of damage	(9999) Unknown
data.	
(6) All vehicle and collision conditions are within	
scope of one of the acceptable reconstruction	34. Confidence In Reconstruction Program
programs, but there is insufficient data	Results (For Highest Delta V)
available.	(0) No reconstruction (1) Collision fits model — results appear
	(1) Collision fits model — results appear reasonable
COMPUTER GENERATED DELTA V	(2) Collision fits model — results appear high
	(3) Collision fits model — results appear low
Secondary Highest	(4) Borderline reconstruction — results appear
. Total Delta V 9 9 9	reasonable
Nearest kph	35. Type of Vehicle Inspection
MOTE. COO more less d	(0) No inspection
(NOTE: 000 means less than	(1) Complete inspection
0.5 kph) (160) 159.5 kph and above	(2) Partial inspection (specify):
(190) 199.5 kpn and above	partially repaired.
(CCC) Cindional	No coc documentation
	36 le this on AODS Vahiola?
31. Longitudinal Component of + a a a	36. Is this an AOPS Vehicle?
Delta V	(1) Yes - researcher determined
Ala, c.l. I	(2) VIN determined air bag system
Nearest kph	(3) VIN determined automatic (passive) belts
(NOTE: 000 means greater than	(4) VIN determined air bag and automatic
-0.5 kph and less than +0.5 kph)	(passive) belts
(±160) ±159.5 kph and above	
(999) Unknown	,
_	
IS OLDMISS APPLICABLE FOR T	HIS VEHICLE? [] YES [NO
IF YES: IS A COMPLETED OLDMISS PROGRA	AM SUMMARY INCLUDED? [] YES [NO

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National Accident Sampling System-Crashworth	mess Dat	a System: General Vehicle For	m rage
37. Police Reported Other Drug Presence (0) No other drugs present (1) Yes (other drug present) (7) Not reported (8) No driver present (9) Unknown	ユ	DRUG EVALUATION OTHER DRUGS TEST RE Narcotic Drug Depressant Drug	DEC Specimen Test Test Results Results 40.
38. Police Reported Drug Evaluation Classificati (DEC) Test For Driver (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if give (8) No driver present	-	Stimulant Drug Hallucinogen Drug Cannabinoid Drug Phencyclidine (PCP) Inhalant Drug Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Cr	
39. Other Drug Specimen Test Type For Driver (0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify): (7) Unspecified specimen test	<u>6</u>	(0) No DEC test given (1) Passed DEC test (2) Failed DEC test (3) DEC test given—resu (8) No driver present (9) Unknown if DEC test	
(8) No driver present (9) Unknown if specimen test given		Codes for Specimen Test (0) No specimen test giv (1) Drug not found in specimen test given, (7) Specimen test given, not obtained (8) No driver present (9) Unknown if specimen	ven Jecimen Jen Jesults unknown or

OTHER DATA	
56. Driver's Zip Code	61. Rollover Initiation Object Contacted O
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(2) Side plane (3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA
	64. Pre-Event Movement (Prior to Recognition of Critical Event)
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify):	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous
(9) Unknown rollover initiation type	critical event (97) Other (specify):
60. Location of Rollover Initiation	(98) No driver present (99) Unknown
(0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved	

	PRECRASH DA	TA (Continued)
	Critical Precrash Event	Pedestrian or Pedalcyclist, or Other Nonmotorist
65.	Critical Precrash Event	(80) Pedestrian in roadway
This	Vehicle Loss of Control Due To:	(81) Pedestrian approaching roadway
	Blow out or flat tire	(82) Pedestrian - unknown location
	Stalled engine	(83) Pedalcyclist or other nonmotorist in roadway
(03)	Disabling vehicle failure (e.g., wheel fell off)	(specify):
	(specify):	(84) Pedalcyclist or other nonmotorist approaching
(04)	Non-disabling vehicle problem (e.g., hood flew	roadway (specify):
(05)	up) (specify):	(85) Pedalcyclist or other nonmotorist—unknown
(05)	Poor road conditions (puddle, pot hole, ice, etc.)	location (specify):
106)	(specify): Traveling too fast for conditions	Object or Animal
	Other cause of control loss (specify):	(87) Animal in roadway
(00)	Other cades of control loss (aposity).	(88) Animal approaching roadway
(09)	Unknown cause of control loss	(89) Animal—unknown location
• • • •		(90) Object in roadway
	Vehicle Traveling	(91) Object approaching roadway
	Over the lane line on left side of travel lane	(92) Object—unknown location
	Over the lane line on right side of travel lane	
	Off the edge of the road on the left side	(98) Other critical precrash event (specify):
	Off the edge of the road on the right side	(00) II-land
	End departure	(99) Unknown
(15)	Turning left at intersection Turning right at intersection	
	Crossing over (passing through) intersection	For Corrective Actions Attempted see variable GV14
	Unknown travel direction	(Attemped Avoidance Manuever)
(,		(Attempted Avoidance Mandevery
Othe	er Motor Vehicle In Lane	
	Stopped	66. Precrash Stability After Avoidance Maneuver
(51)	Traveling in same direction with lower speed	(0) No avoidance maneuver
<i>(</i> = 0)	(i.e., lower steady speed or decelerating)	(1) Tracking
	Traveling in same direction with higher speed	(2) Skidding longitudinally—rotation less than 30
	Traveling in opposite direction In crossover	degrees
	Backing	(3) Skidding laterally—clockwise rotation
(59)	Unknown travel direction of other motor vehicle	(4) Skidding laterally—counterclockwise rotation
(00)	in lane	(7) Other vehicle loss-of-control (specify):
	er Motor Vehicle Encroaching Into Lane	(8) No driver present
(60)	From adjacent lane (same direction) - over left	(9) Precrash stability unknown
(64)	lane line	
(01)	From adjacent lane (same direction)—over right	and the second s
(62)	From opposite direction—over left lane line	67. Precrash Directional Consequences of
	From opposite direction—over right lane line	Avoidance Maneuver (Corrective Action)
	From parking lane	(0) No avoidance maneuver
	From crossing street, turning into same	(1) Vehicle stayed in travel lane where avoidance
	direction	maneuver was initiated
	From crossing street, across path	(2) Vehicle stayed on roadway but left travel lane
(67)	From crossing street, turning into opposite	where avoidance maneuver was initiated
(00)	direction	(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was
	From crossing street, intended path not known	initiated
	From driveway, turning into same direction From driveway, across path	(4) Vehicle departed roadway ~
	From driveway, across path From driveway, turning into opposite direction	(5) Avoidance maneuver initiated off roadway
	From driveway, turning line opposite direction	(8) No driver present
	From entrance to limited access highway	(9) Directional consequences unknown
	Encroachment by other vehicle—details	
•	unknown	
	*** IF THE CDS APPLICABLE VEHICLE W	AS NOT INSPECTED (I.E., GV35=0), ***

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER
1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form 4. Vehicle Number	10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct
5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable	11. Reason(s) Program Results Dropped Or Changed a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight e. Improved PDOF f. CDC
6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection — under repair	g. Trajectory data h. Damage data i. Heading angle for Oldmiss
(03) Partial inspection repair (04) Partial inspection other (specify):	abcdefghi
(05) Vehicle cannot be located (06) Vehicle destroyed (07) Vehicle outside of study area (08) Vehicle impounded (09) Vehicle sold	(Blank) Correct or no reconstruction (1) Incorrect
(10) Hit and run vehicle (11) Owner could not be located (12) Owner refusal	DATA STATUS OF VARIABLE NUMBERS 3-67
(13) Insurance company refusal (14) Attorney refusal or litigation (15) Repair or tow facility refusal (16) Stolen	3 4 5 6 7 8 9 10 11 12 13
(17) Wrong name and address on PAR (18) Caseload / staff turnover (19) Other (specify):	14 15 16 17 18 19 20 21 22 23 24
7. Knowledge Of Highest Delta V Results	25 26 27 28 29 30 31 32 33 34 35
(01) CRASH-PC damage only (02) CRASH-PC damage and trajectory (03) OLDMISS (completed by Zone Center)	
Unknown (04) Rollover	36 37 38 39 40 41 42 43 44 45 46
(05) Other non-horizontal force (06) Sideswipe type damage / severe override (07) Vehicle out of scope / pedestrian	47 48 49 50 51 52 53 54 55 56 57
(08) Yielding object (09) Overlapping damage (10) Insufficient data	
(11) Other (specify): (12) OLDMISS form - pending review by Zone Center	58 59 60 61 62 63 64 65 66 67
8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes	
9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) (0) No data obtained (1) CDC data only (2) Trajectory data only (3) CDC and crush profile only (4) CDC and trajectory data only (5) CDC, crush profile, and trajectory data	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG



National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary	y Sampling Unit Nun	nber	NCSI	3.	Vehicle	Numbe	r			0	
2. Case N	lumber - Stratum	93	304	_							
		\	/EHICLE IE	DENTI	CATI	ON					
VIN <u>2 (</u>	3 <u>3 E D 5</u>	6 T						-		ear <u>9</u>	3_
Vehicle Ma	ke (specify):o>	lge			Vehicle I	Model (s	pecify):	Intr	epia	.l	
				CATO							
	end of the damage maged axle for side		t to the vehi	icle long	gitudinal	center	line or b	umper c	orner to	or ena in	ipacts
Specific In	mpact No.		of Direct Da	mage				cation o			
	Froi	<u> </u>				Untro	un - V	eh. Rep	Daireo	/	
						012	Parts	Not 1	Vaila	かと	
			SH PROFIL						1		-1
NOTES: Id	dentify the plane at ill, etc.) and label ac	which the (djustments (C-measurem (e.g., free sp	ents are pace).	e taken ((e.g., at	bumper	, above	bumpe	r, at sill,	above
	Aeasure and docume				location	of max	imum cr	ush.			
									a frant	in aida	
	Measure C1 to C6 fr mpacts.	om driver to	o passenger	side in	tront or	rear im	pacts ar	io rear t	o tront	in side	
1	ree space value is o	lefined as th	ne distance l	hetwee	n the ba	seline a	nd the d	original b	odv co	ntour ta	ken at
t	he individual C locat	tions. This	may include	the fol	lowing:	bumper	lead, bu	umper ta	aper, sid	de protri	usion,
İ	ide taper, etc. Reco							ziusii.			
-	Jse as many lines/co	olumns as n Direct D		describ	e each (damage	profile.				
Specific Impact Number	Plane of Impact C-Measurements	Width (CDC)	Max Crush	Field L	C ₁	C ₂	C ₃	C₄	С	C ₆	±D
1	Front	Vehic	le Rep	aired							
			'					. / . ,			
			Damas	ed	Parts	No	- Ave	1/2010			
											
											-
											
						,					

Parts replaced per Body Shop

- Bumper/Nose Cone Core Suffert
- Hood
- RF Fender
- LF Ferder
- Radiator
- P/s Pulley
- A/c Pulley
- Grille
- RF Frame Rail
- Windshield

+ Items Verified of Body Shop

- wirdshield suffered stress fx only -no interior object confect
 - no starring
- no wheel / tire damage
- no steerin: damage
- no door demage / no hise demage

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase		inches	x	2.54	=	$\frac{8}{2}$ $\frac{8}{2}$ $\frac{7}{2}$ cm
Overall Length	201.7	inches	X	2.54	=	$\frac{5}{1}$ $\frac{2}{2}$ cm
Maximum Width	_ 7 4.4	inches	X	2.54	=	<u> </u>
Curb Weight	3,217	pounds	X	.4536	=	1, 459 kg
Average Track	62.0	inches	x	2.54	=	<u> </u>
Front Overhang		inches	Х	2.54	=	cm
Rear Overhang		inches	X	2.54	=	cm
Undeformed End Width		inches	X	2.54	=	cm
Engine Size: cyl./displ.		СС	X	.001	=	L
V-6		CID	x	.0164	=	<u>⁺3.3</u> ι

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form VEHICLE DAMAGE SKETCH WHEEL STEER ANGLES **ORIGINAL SPECIFICATIONS** TIRE-WHEEL DAMAGE (For locked front wheels or a. Rotation physically b. Tire 287 displaced rear axles only) cm Wheelbase deflated restricted RF ± _____ cm Overall Length 189 cm Maximum Width 1459 Curb Weight kg Within ± 5 degrees cm Average Track **DRIVE WHEELS** (1) Yes (2) No (8) NA (9) Unk. cm Front Overhang ☑ FWD □ RWD □ 4WD cm Rear Overhang TYPE OF TRANSMISSION Undeformed End Width ____unk. cm **Approximate** Engine Size: cyl./displ. V-6 Cargo Weight kg ☐ Manual **MEASUREMENTS IN CENTIMETERS** Vehicle Repaired (see back of page 1) 157 57 Bumper | Nose Cone 287 112 Mont. to 287 80 05 Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful

in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

damage received on the back of this page.

	CDC WC	ORKSHEET	
	CODES FOR OB	JECT CONTA	ACTED
(01-30)	- Vehicle Number	,	Fence Wall
Noncolli	sion		Building
	Overturn — rollover		Ditch or culvert
	Fire or explosion		Ground
	Jackknife		Fire hydrant
	Other intraunit damage (specify):		Curb
(34)	Other intraunit damage (specify).		Bridge
125)	Noncollision injury		Other fixed object (specify):
	Other noncollision (specify):	(00)	Other mod object topes.
(30)	Other Horicomsion (specify).	(69)	Unknown fixed object
(20)	Noncollision — details unknown	(00)	Officiowii fixed object
(39)	MONCOMSION — details direntown	Collisio	n with Nonfixed Object
Calliaia	- With Fixed Object		Motor vehicle not in-transport
	n With Fixed Object		Pedestrian
	Tree (≤ 10 cm in diameter)	• •	Cyclist or cycle
	Tree (> 10 cm in diameter)		Other nonmotorist or conveyance
	Shrubbery or bush	(74)	Other normotorist or conveyance
(44)	Embankment	1751	Vehicle cocupant
	The state of the s		Vehicle occupant
(45)	Breakaway pole or post (any diameter)		Animal .
			Train
	akaway Pole or Post		Trailer, disconnected in transport
(50)	Pole or post (≤ 10 cm in diameter)	(88)	Other nonfixed object (specify):
(51)	Pole or post (> 10 cm but ≤ 30 cm in		
	diameter)	(89)	Unknown nonfixed object
	Pole or post (> 30 cm in diameter)		
(53)	Pole or post (diameter unknown)	(98)	Other event (specify):
(54)	Concrete traffic barrier	(99)	Unknown event or object
	Impact attenuator		
	Other traffic barrier (includes guardrail)		
	(specify):		
	DEFORMATION CLASSIF	ICATION BY	EVENT NUMBER
			(5)
			(4) (5)
Acciden	t (1) (2)		Specific Specific (6)

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force (degrees)	Incremental Value of Shift	(3) Deformation Location	Specific Longitudinal or Lateral Location	Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
01	03	340		F	D	E	$\frac{\mathcal{W}}{}$	02 00 03
·								
								
								
<u> </u>								
					<u> </u>			

		COLLISIO	ON DEFORMA	TION CLAS	SIFICATIO	N	
HIGHEST	DELTA "V"						
Accident Event Sequence Number	Object Contacted	(1) (2 Direction of Force	n Deformation	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4	5. <u>O</u> <u>S</u>	6. 9	7. 9	8	9. 9	109	11.99
Second Hi	ghest Delta "V	71					
12	13	14	15	16	17	18	19
		CF	RUSH PROFILE	IN CENTIV	IETERS		
	The crush pro in the appr	file for the opriate sp	e damage described ace below. (ALL N	d in the CDC(s)	above should TS ARE IN CEI	be documente NTIMETERS.)	ed
HIGHEST	DELTA "V"					e.	
20. L	21. 	C ₂	C ₃	C ₄	С _Б	C _e	22.
							+
Second H	lighest Delta "\	/ "					
23. 	24. 	C ₂		C ₄		C _e	25.
		-					+
but No	OCs Documented t Coded on The ated File?	I	27. Researcher's A of Vehicle Disp (0) Not towed vehicle dam (1) Towed due vehicle dam (9) Unknown	osition/_ due to nage to	_	nal Wheelbase Code to the nearest centim Unknown	<u>287</u> neter
				<u> 113</u>	<u> </u>	2.54 = <u>2</u> 87	_ centimeters

30.	Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown	0	31. Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown 32. Type of Fuel Tank (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic
			(9) Unknown
**			AS NOT TOWED AND WAS NOT AN AOPS *** T COMPLETE THE INTERIOR VEHICLE FORM.
			•

National Highway Traffic Safety Administration

EXTERIOR VEHICLE LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	
1. PSU Number 2. Case Number—Stratum 9304	13. Number of Coded CDCs (0,1,2) 14. Number of Coded Crush Profiles (0,1,2)
 3. Researcher Completing Form 4. Vehicle Number 5. Date Vehicle Inspected 	DATA STATUS OF VARIABLE NUMBERS 4-32
TO BE COMPLETED BY ZONE CENTER	Highest CDC
6. Applicable Precrash Measurements (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard	4 5 6 7 8 9 10 11 Secondary CDC 12 13 14 15 16 17 18 19
7. Impact Damage Documentation (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard	Highest Crush Profile
8. Quality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard - beyond researcher control (2) Substandard (3) Standard	20 21 22 Secondary Crush Profile
9. Number of Exterior Vehicle Slides	23 24 25
10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard	
11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard	26 27 28 29 30 31 32
12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify):	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded

IF THIS VEHICLE WAS NOT TOWED (I.E., ${\rm GV09}\,{\neq}\,{\rm 1}{\rm)},$ DO NOT COMPLETE THE INTERIOR VEHICLE LOG

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number NCSI	GLAZING
2. Case Number - Stratum 9304	Glazing Damage from Impact Forces
	15. WS <u>A</u> 16. LF <u>O</u> 17. RF <u>O</u> 18. LR <u>O</u> 19. RR <u>O</u>
	20. BL \bigcirc 21. Roof $\underline{\&}$ 22. Other $\underline{\&}$
INTEGRITY	(O) No glazing demage from impost forces
4. Passenger Compartment Integrity (00) No integrity loss	 (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door) (O4) Roof (O5) Roof glass	impact forces (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing (9) Unknown if damaged
(06) Side window	
(07) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)	23. WS O 24. LF O 25. RF O 26. LR O 27. RR
(10) Windshield and roof (11) Side and rear window (side window and backlight)	28. BL O 29. Roof O 30. Other O
(12) Windshield and side window	20. DE 0 20. 11001 - 30. Other 0
(13) Door and side window(98) Other combination of above (specify):	(0) No occupant contact to glazing or no glazing (1) Glazing contacted by occupant but no glazing damage
(99) Unknown	(2) Glazing in place and cracked by occupant contact (3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
Door, Tailgate or Hatch Opening 5. LF 1 6. RF 7. LR 8. RR 9. TG/H	(5) Glazing out-of-place by occupant contact and holed by occupant contact (6) Glazing disintegrated by occupant contact (9) Unknown if contacted by occupant
(0) No door/gate/hatch (1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision	If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø
(3) Door/gate/hatch jammed shut (8) Other (specify):	Type of Window/Windshield Glazing
(9) Unknown	31. WS / 32. LF / 33. RF / 34. LR / 35. RR / 35.
	36. BL <u>O</u> 37. Roof <u>O</u> 38. Other <u>O</u>
Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø	 (0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered
10. LF 0 11. RF 12. LR 13. RR 14. TG/H 0	(3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic
(0) No door/gate/hatch or door not opened	(8) Other (specify):
Door, Tailgate or Hatch Came Open During Collision	(9) Unknown
(1) Door operational (no damage)	
(2) Latch/striker failure due to damage	Window Precrash Glazing Status
(3) Hinge failure due to damage	39. WS <u>/</u> 40. LF <u>O</u> 41. RF <u>O</u> 42. LR <u>O</u> 43. RR <u>O</u>
(4) Door structure failure due to damage (5) Door support (i.e., pillar, sill, roof side rail,	44. BL <u>O</u> 45. Roof <u>O</u> 46. Other O
etc.) failure due to damage (6) Latch/striker and hinge failure due to damage	——————————————————————————————————————
(8) Other failure (specify):	(0) No glazing contact and no damage, or no glazing (1) Fixed
(9) Unknown	(2) Closed (3) Partially opened
	(4) Fully opened (9) Unknown

INTRUSION WORKSHEET Note: Sketch intruded areas **Vertical** Longitudinal Row Width (cm) Longitudinal Vertical LOCATION (All Measurements Are in Centimeters) **DOMINANT** OF **INTRUDED COMPARISON INTRUDED INTRUSION** CRUSH **INTRUSION** COMPONENT -**VALUE VALUE DIRECTION** = rusions = = = =

	000	The System: Interior Vehicle Form	Page 2
		NT AREA INTRUSION	
Note: If no intru	sions, leave variables IV47-IV86 b	lank. INTRUDING COMPONENT	
Location Intrusion	of Intruding Magnitude C	Interior Components (01) Steering assembly	
1st 47	48 49 50.	(03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A (A1/A2)-pillar	
2nd 51	52 53 54	(10) Door panel (side)	
3rd 55	56 57 58	(15) Windshield header	
4th 59	60 61 62	(19) Front seat back	
5th 63	64 65 66	(22) Fourth seat back	
6th 67	68 69 70	(26) Other interior component (specify):	·
7th 71	72 73 74		-
8th 75	76 77 78		
9th 79		(32) Other exterior object in the environment (specify):(33) Unknown exterior object (97) Catastrophic	
10th 83	84 85 86	(98) Intrusion of unlisted component(s) (specify): (99) Unknown	
LOCATION OF INT	TRUSION	MACNITUDE OF INTRUGION	
Front Seat (11) Left (12) Middle (13) Right Second Seat (21) Left (22) Middle	Fourth Seat (41) Left (42) Middle (43) Right (97) Catastrophic (98) Other enclosed area (specify)	MAGNITUDE OF INTRUSION (1) ≥ 3 centimeters but < 8 centimeters (2) ≥ 8 centimeters but < 15 centimeters (3) ≥ 15 centimeters but < 30 centimeters (4) ≥ 30 centimeters but < 46 centimeters (5) ≥ 46 centimeters but < 61 centimeters (6) ≥ 61 centimeters (7) Catastrophic (9) Unknown	
(23) Right Third Seat (31) Left (32) Middle (33) Right	(99) Unknown	DOMINANT CRUSH DIRECTION (1) Vertical (2) Longitudinal (3) Lateral (7) Catastrophic (9) Unknown	

31		RIM/SPOKE DEFO		ON
	(All	Measurements Are in Contimet	ers)	
OMPARISON VALUE	_	DAMAGE VALUE	=	DEFORMATION
	_		=	
			=	
	_		=	
	_		=	
Λ	6 D	omage		

CTEEDING COLLEGE	rage.
87. Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify): (9) Unknown	93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation Quarter Sections (01) Section A (02) Section B (03) Section C (04) Section D Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke
88. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.	(08) Right half of rim/spoke (09) Complete steering wheel collapse (10) Undetermined location (99) Unknown
89. Blank	
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.	94. Odometer Reading 0,7/6 kilometers—Code to the nearest 1,000 kilometers (000) No odometer (001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown
(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.	6_659 miles x 1.6093 =10,716 idiometers Source:0dometer
91. Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.	95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
92. Steering Rim/Spoke Deformation Code actual measured deformation to the nearest centimeter (00) No steering rim deformation (01-14) Actual measured value in centimeters	96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
(15) 15 Centimeters or more	97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

Sketch windshield contact(s) and the damaged area(s) on the instrument penel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriete.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT								
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point			
A	Driver Arby 45	/	Face	Lipstick contacts	/			
В	09	1,	L Knee	cloth transfer only	/			
С	09	1,	R Knee	cloth transfer only	/			
D	02	٦.		Mirror broke at mount - no mirror fx - probable	displacement			
Ε ~				due to contact with airbag	, , , , , , , , , , , , , , , , , , ,			
F _	¥ 45	a		Deployed passenger bag - dirt scuff	I.			
G	> 11	a	L Kree	Cloth transfer	1			
н ,	× 33	4	R Foot	cracked plastic over B-pilla (lower)	1			
1 \	40	3		sent on seatback fabric	3			
J	40	4		scutt on seatback fabric	3			
K	41	1		Peering on tab - very slight stretching/Fray	ing 2			
L								
M				4				
N								

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header,
 A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify):
- (47) Interior loose objects
- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant

	Assessment Form.	AIR BAGS	
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Left	Right
F	Availability/Function /	1	
I R	Deployment		1
S	Failure		1
T Ab Bas	System Availability/Function	Air Bag System Deployment	Did Air Beg System Fall?
(0) 1 (1) / <i>Non-</i> (2) /	Not equipped/not available Air bag functional Air bag disconnected (specify): Air bag not reinstalled Unknown	 (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown 	(0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown
	<u> </u>	AUTOMATIC BELTS Left	Right
	Availability/Function	d d	<i>Ø</i>
F	Use	Ø	Ø
i R	Туре	Ø	Ø
S	Proper Use	Ø	Ø
Т	Failure Modes	b	Ó
	Failure Modes	ν	у)
Availat (0) (1) (2)	atic (Passive) Belt System bility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat	Automatic (Passive) Belt Failure Modes During Accident (O) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing no included)
<i>Non</i> (4)	-functional Automatic belts destroyed or rendered inoperative Unknown	Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind	 (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor
Autom (0) (1) (2)	Automatic belt not in use (manually disconnected, motorized track inoperative) Automatic belt in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown	back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt	(7) Combination of above (specify): (8) Other automatic belt failure (specify) (9) Unknown
	natic (Passive) Belt System Type Not equipped/not available	system (specify):	
	Non-motorized system	(9) Unknown	

(2) Motorized system

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

	page.			
		Left	Center	Right
F-RS	Availability	04	0	04
	Use	04	00	04
S	Failure Modes		0	1
Ş	Availability	04	03	04
C	Use	04	00	04
SECOZO	Failure Modes			1
T	Availability		·	
H	Use			4 1
R D	Failure Modes			
Q	Availability			
Н	Use			
E R	Failure Modes			

Manua	l (Active)	Belt S	ystem /	Availability
-------	------------	--------	---------	--------------

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

				,			T		
Occ	cupant Number		NoT	/	APPLI	CABLE resent			
	Type of Child	·	. 011	1	$C \perp A$	P -			
	Safety Seat	/	No Chil	pl	Jeal 1	resent			
2.	Child Safety Seat Orientation	,							
3.	Child Safety Seat Harness Usage								
4.	Child Safety Seat Shield Uasge								
5.	Child Safety Seat Tether Usage								
6.	Child Safety Seat Make/Model		Speci	fy Be	elow for E	ach Child Safe	ety Seat		
1.	Type of Child Safety Sea	t	. •	3.	Child Saf	fety Seat Harn	less Usage		
	(0) No child safety seat			4.	Child Saf	fety Seat Shie	ld Usage		
	(1) Infant seat (2) Toddler seat			5.	Child Saf	fety Seat Teth	er Usage		
	(3) Convertible seat (4) Booster seat			٠.	Note: Op	otions Below A	Are Used for V	ariables 3-5.	
	(7) Other type child safet	ty seat (specif	y):		(00) No	child safety s	eat		
	(8) Unknown child safety (9) Unknown if child safe				(01) Aft	igned with Har ter market har ded, not used	rness/Shield/Toness/shield/tet	ether her	
2.	Child Safety Seat Orienta	ition			(02) After market harness/shield/tether used (03) Child safety seat used, but no after market				
	(00) No child safety seat				har	rness/shield/te	ther added		
	Designed for Rear Facing This Age/Weight	for				known if harn ded or used	ess/shield/teth	ier	
	(01) Rear facing (02) Forward facing				Designer	j With Harnes	s/Shield/Tethe	r	
	(08) Other orientation (s	pecify):			(11) Ha	rness/shield/te	ether not used		
	(09) Unknown orientatio	n	_			rness/shield/te known if harn	ether used ess/shield/teth	er used	
	Designed for Forward Fac	cing for This			Unknow	n If Designed	With Harness/	'Shield/Tether	
	Age/Weight (11) Rear facing				(22) Ha	rness/shield/te			
	(12) Forward facing	manife () -					ess/shield/teth	ner used	
	(18) Other orientation (s		-		(99) Un	known if child	l safety seat u	sed	
	(19) Unknown orientation	n		6.	Child Sa	fety Seat Mak	:e/Model		
	Unknown Design or Oriel Age/Weight, or Unknown		is	٠.	(Specify	make/model	and occupant	number)	
	(21) Rear facing (22) Forward facing								
	(28) Other orientation (s	pecify):							
	(29) Unknown orientation	n	-						
	(99) Unknown if child sa	afety seat use	d						

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R	Head Restraint Type/Damage	3	0	3
	Seat Type	0 2	00	02
S	Seat Performance	1	6	/
T	Seat Orientation	1	0	. /
S	Head Restraint Type/Damage	Q	0	0
E	Seat Type	03	03	03
0	Seat Performance	1	1	(
N D	Seat Orientation	2. 1	1	1
т	Head Restraint Type/Damage	4.75 (9.11)	a and	
ė.	Seat Type			
R	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
H	Seat Performance			
R	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- No head restraints
- (1) Integral no damage
 (2) Integral damaged during accident
- (3) Adjustable no damage
- (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01)**Bucket**
- Bucket with folding back (02)
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- Split bench with separate back cushions (06)
- Split bench with folding back(s) (07)
- (08) Pedestal (i.e., column supported)
- Other seat type (specify): (09)
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

	E,	JECTION/I	ENTRAPIV	ENT DAT	ΓΑ		Y 5	.4:	
Com	Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.								
	CTION No [Yes [] cribe indications of ejection and l	oody parts in	volved in pa	tial ejection	(s):				
	· · · · · · · · · · · · · · · · · · ·	Vot Appli	01/0	Ma Riga	tich				
		usi Appii	Caple /	100 Elec	100				
	Occupant Number				·				
	Ejection								
	(Note on Vehicle Interior Sketch) Ejection Area					*			
	Ejection Medium					-			
	Medium Status								
(1 (3	tion) Complete ejection) Partial ejection) Ejection, Unknown degree) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify):			(5) Integral structure (8) Other medium (specify): (9) Unknown			· · · · · · ·	
(1 (2 (3 (4 (5	tion Area) Windshield) Left front) Right front) Left rear) Right rear) Rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):			Medium Status (Immediately Prior to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown			Prior	
	RAPMENT No [// Yes cribe entrapment mechanism:	[]	Vot Appli	cable /	No Entr	apment			
Con	ponent(s):								

(Note in vehicle interior diagram)



National Highway Traffic Safety Administration

INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM DATA STATUS OF VARIABLE NUMBERS 4-97 NCSI Integrity 1. PSU Number 2. Case Number-Stratum 3. Researcher Completing Form 4. Vehicle Number Glazing 22 23 TO BE COMPLETED BY ZONE CENTER 5. Documentation Of Integrity 6. Documentation Of Glazing 7. Documentation of Intrusions 8. Documentation of Steering Column/Wheel Intrusion 52- 53 9. Documentation of Occupant Contacts 10. Documentation of Restraint Systems 11. Documentation of Seats 12. Number of Interior Vehicle Slides 13. Interior Slides Subject Quality 85 86 14. Interior Slides Quality Codes For Log Variables 5-11 and 13-14 Steering Column/Wheel and Instrument Panel (0) Not applicable 92 93 94 95 (1) Substandard - beyond researcher control (2) Substandard (3) Standard 15. Number of Coded Intrusions **Data Status Codes:** (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change-no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

U.S. Department of Transportation NATIONAL ACCIDENT SAMPLING SYSTEM National Highway Traffic Safety CRASHWORTHINESS DATA SYSTEM Administration OCCUPANT'S SEATING NCSI 1. Primary Sampling Unit Number 10. Occupant's Seat Position 2. Case Number - Stratum Front Seat (11) Left side O 3. Vehicle Number (12) Middle (13) Right side 0 4. Occupant Number (14) Other (specify): OCCUPANT'S CHARACTERISTICS (15) On or in the lap of another occupant Second Seat 5. Occupant's Age (21) Left side Code actual age at time of accident. (22) Middle (00) Less than one year old (specify by month): (23) Right side (24) Other (specify):_ (97) 97 years and older (25) On or in the lap of another occupant (99) Unknown Third Seat (31) Left side (32) Middle 6. Occupant's Sex (33) Right side (1) Male (34) Other (specify): (2) Female (35) On or in the lap of another occupant (9) Unknown Fourth Seat (41) Left side 0 (42) Middle 7. Occupant's Height (43) Right side Code actual height to the nearest (44) Other (specify): centimeter. (45) On or in the lap of another occupant (999) Unknown $\frac{67}{100}$ inches X 2.54 = $\frac{170.18}{100}$ centimeters (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown 68 8. Occupant's Weight Code actual weight to the nearest 11. Occupant's Posture kilogram. (0) Normal posture (999)Unknown Abnormal posture 150 pounds X .4536 = 68.04 kilograms (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window 9. Occupant's Role (5) Sitting on a console (1) Driver (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front (2) Passenger (9) Unknown (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT								
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) (O) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown						
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown						
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):	<u></u>							
(5) Integral structure (8) Other medium (specify): (9) Unknown								

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed)	21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts (0) None used or not available	(9) Unknown 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5)
 (1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown 	for Information on Automatic Belts 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	

HEAD RESTRAINT AND	D SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
(9) Unknown	(7) Combination of above (specify):
	(8) Other (specify):
26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	(9) Unknown

	Cl	HILD SAF	AFETY SEAT	
28.	(000) No child safety seat	0 0	31. Child Safety Seat Harness Usage	-
	Applicable codes are found in your NASS Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	CDS	32. Child Safety Seat Shield Usage	_
	(998) Unknown make/model	•	33. Child Safety Seat Tether Usage O	-
	(999) Unknown if child safety seat used		Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat	
	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/We (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation	O O	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used	
1				

		38. Working Days Lost 97
34.	Injury Severity (Police Rating) 3	Code the number of days (up through 60) that the occupant lost from work due to the accident
	(0) O - No injury	(00) No working days lost
	(1) C - Possible injury	(61) 61 days or more
	(2) B - Nonincapacitating injury(3) A - Incapacitating injury	(62) Fatally injured
	(4) K - Killed	(97) Not working prior to accident (99) Unknown
	(5) U - Injury, severity unknown	(33) UIKIUWII
	(6) Died prior to accident	
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
		VARIABLES 39 THROUGH 43 ARE
35.	Treatment - Mortality 4	COMPLETED BY THE ZONE CENTER
•	(0) No treatment	
	(1) Fatal	
	(2) Fatal - ruled disease (specify):	39. Time to Death Code number of hours from time of
	OAR god	Code number of hours from time of accident to time of death up through 24
	Nonfatal (3) Hospitalization (4) Transported and released Per PAR and Interviewed - No Record	hours. If time of death is greater than 24
	(3) Hospitalization	hours, code number of days. (Note: 1 day =
	(4) Transported and released - No Record	$31, 2 \text{ days} = 32, \dots \text{ n days} = 30 + \text{n up}$
	(5) Treatment at scene - nontransported	through 30 days = 60)
	(6) Treatment later (8) Treatment - other (specify):	(00) Not fatal
	(o) Headilett - Odiel (Spacity).	(96) Fatal - ruled disease (99) Unknown
	(9) Unknown	(00) Sindio
	. 1	40. 1st Medically Reported Cause of Death
36.	Type Of Medical Facility (for Initial Treatment)	
	(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death O
	(1) Trauma center	42 3rd Medically Reported Cause of Death
	(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line
	(4) Physician's office	number(s) for the medically reported
	(5) Treatment later at medical facility	injury(s) which reportedly contributed to
	(8) Other (specify):	this occupant's death
	(O) Halmorer	(00) Not fatal or no additional causes
	(9) Unknown	(97) Other result (includes fatal ruled disease) (specify):
		uisease, (specify).
37.	. Hospital Stay	(99) Unknown
I	(00) Not Hospitalized	1
•	Code the number of days (up through 60) that the occupant stayed in hospital.	42 Number of Bosondad Interior for
	(61) 61 days or more	43. Number of Recorded Injuries for This Occupant
	(99) Unknown	Code the actual number of
1		injuries recorded for this occupant.
		(00) No recorded injuries
1		(97) Injured, details unknown
		(99) Unknown if injured
		<u></u>
	•	
١		
1		

	AUTOMATIC BELT SYSTEM	48. Automatic (Passive) Belt Failure Modes
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown
45.	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER TRAUMA DATA
47	Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than	50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
	one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):	51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given
	(8) Other improper use of automatic belt system (specify): (9) Unknown	52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
	ARE ALL APPLICABLE MEDICAL RECO WITH INITIAL SUBMISSION?	ORDS INCLUDED NO [YES []
1	UPDATE CANDIDATE?	NO [/] YES []



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety Administration NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	14. Was This Occupant Injured?
1. PSU Number NCSI	(0) No (1) Yes (9) Unknown
2. Case Number—Stratum 9304	
3. Researcher Completing Form	15. Status of Medical Release (0) Occupant not injured
4. Vehicle Number	(1) Medical release not required at medical facility
5. Occupant Number O /	<i>Medical Release Required</i> (2) Required not obtained
6. Interviewer Number	(3) Required obtained
7. Date Interview Completed 193	16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatel died before begittelization
8. Date Official Medical Data Requested	(O2) Fatal—died before hospitalization (O3) Fatal—died after hospitalization (O4) Hospitalization
9. Date Official Medical Data Obtained	(05) Emergency room treatment only (06) Treatment at physician's office (07) Treatment at scene or self treatment
Obtained informed no record at pacifity	(08) Outpatient surgery (09) Treatment at medical facility—unknown level of
10. Occupant's Role (1) Driver (2) Passenger (3) Unknown	treatment (99) Unknown
· ·	17. Injury Information Form Record
11. Interviewee For This Occupant (O) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): 12. Manner Of Interview (O) No attempt (1) Telephone (2) In-person (3) Questionnaire (9) Unknown (for Zone Center use only) 13. Result Of Last Interview Attempt (O1) Unable to contact or locate (O2) Hit and run (O3) Fatal—surrogate not available (O4) In intensive care—surrogate not available (O5) Out-of-state resident (O6) Refused interview (O7) Insurance company refusal (O8) Attorney refusal or litigation (O9) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview	Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify):

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

- (Blank) Not medically treated/record not required
 - (01) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (03) Injury not related to accident
 - (O4) Noncooperative hospital
 - (05) Hospital out-of-study area
 - (08) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview (Excludes Injury Data)
 - (0) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						
					1					

Data Status Codes:

(Blank) Correct (1) Derived error

- (5) Sequencing error (7) Incorrect edit override
- (2) Non-correctable error

- (8) MDE error
- (3) Correctable error (4) Change—no error
- (9) Unknown coded



Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

0/

2. Case Number - Stratum

9304

4. Occupant Number

0/

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	O.I.C. Specific Anatomic Structure	-A.I.S Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1 st						•	•	12. 4 /			
2nd	16. 7	17. 6	18. 4	9. <u>0 4</u>	20.78	21.	22.7	23. 4/	24	25	_{26.} <u>0</u> 0
3rd								34. <u>45</u>			
4th	_{38.} 7	39. <u>7</u>	40. <u>9</u> 4	ı. <u>0</u> 4	42. <u>O Ə</u>	43. <u> </u>	44. <u>2</u>	45.45	46	47. <u> </u>	48. <u>00</u>
5th	49	50	515	2	53	54	55	56	57	58	59
6th	60	61	626	3	64	65	66	67	68	69	70
7th	71	72	73 7	4	76	76	77	78	79	80	81
8th	82	83	848	5	86	87	88	89	90	91	92
9th	93	94	959	6	97	98	99	100	1011	02	103
10th	104.	1051	0610	7	108	109	110	111. <u></u>	112 1	13	114. <u></u>

Page 3

of he de the	OFFICIAL INJURY DATA — SKELETAL INJURIES
Restrained? No Yes	Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
Blood Alcohol Level (mg/dl)	bod
Glasgow Coma Scale Score GCSS =	
Units of Blood Given Units =	
PO, -	
рсо, нсо,	



National Highway Traffic Safety Administration

OCCUPANT INJURY LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY ZONE CENTER	SECOND LEVEL REVIEW
1. PSU Number 2. Case Number – Stratum 3. Vehicle Number 4. Occupant Number NCST 9304 01	16. Documentation of Official Data on Manikin (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard AIS AIS
5. Documentation of Interview Data on Manikin Listing (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard INJURY INFORMATION CODING	1-7 3-6 1-7 3-6 17. Number of Rows Added by Second
Contact Injury Mechanisms & Information Intrusions 6. Date Data Included Virth Initial Submission Coded 7. Coded By (Initials)	ERROR STATUS FOR INJURY VARIABLES Coding Errors (total number in each column) 5 6 7 8 9 10 11 12 13 14 15
Contact Injury Mechanisms & Intrusions 9. Date Data Included i / / / / With Updated Submission Coded 10. Coded By (Initials) AIS AIS 1-7 3-6	19. Date Of Second Level
11. Number of Injury Rows Coded 12. Number of Unknown Injuries 13. Number of Unknown Injury Contact Mechanisms MDE STATUS 14. Date MDE'ed	

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM

lational Highway Traffic Safety Administration	CRASHWORTHINESS DATA SYSTEM
- -	OCCUPANT'S SEATING
1. Primary Sampling Unit Number $\frac{NCSI}{I}$	10. Occupant's Seat Position
2. Case Number - Stratum 9304	Front Seat
3. Vehicle Number	(11) Left side
0.7	(12) Middle (13) Right side
4. Occupant Names	(14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify):
(99) Unknown	(25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 48 inches X 2.54 = 122 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
	(33) GIRIOWII
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown	11. Occupant's Posture (0) Normal posture
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

EJECTION/ENTRAPMENT								
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown						
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown						
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	0							

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed	21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled
(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown	 (9) Unknown 22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts (0) None used or not available	(9) Unknown 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5)
(1) Belt used properly (2) Belt used properly with child safety seat Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	for Information on Automatic Belts 24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	

HEAD RESTRAINT AN	D SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify):	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
(9) Unknown	(7) Combination of above (specify):
	(8) Other (specify):
26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	(9) Unknown
	•

	CHI	LD SAF	AFETY SEAT
	(000) No child safety seat	0	31. Child Safety Seat Harness Usage
	Applicable codes are found in your NASS CI Data Collection, Coding and Editing (950) Built-in child safety seat (997) Other make/model (specify):	os	32. Child Safety Seat Shield Usage
	1000		33. Child Safety Seat Tether Usage <u>O</u> O
	(998) Unknown make/model (999) Unknown if child safety seat used		Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	0	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30.	Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weig (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/(11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used		Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

	INJURY CONSEQUENCES	38. Working Days Lost 9 7
34	Injury Severity (Police Rating)	Code the number of days
_ **		(up through 60) that the occupant lost from work due to the accident
	(0) O - No injury	(00) No working days lost
	(1) C - Possible injury(2) B - Nonincapacitating injury	(61) 61 days or more
	(3) A - Incapacitating injury	(62) Fatally injured
	(4) K - Killed	(97) Not working prior to accident (99) Unknown
	(5) U - Injury, severity unknown	(OO) CHRIICAAH
	(6) Died prior to accident	
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
	· ·	VARIABLES 39 THROUGH 43 ARE
35.	Treatment - Mortality	COMPLETED BY THE ZONE CENTER
	(0) No treatment	
	(1) Fatal	
	(2) Fatal - ruled disease (specify):	39. Time to Death Code number of hours from time of
		Code number of hours from time of accident to time of death up through 24
	Nonfatal	hours. If time of death is greater than 24
	(3) Hospitalization	hours, code number of days. (Note: 1 day =
	(4) Transported and released	31, 2 days = 32, n days = $30 + n up$
	(5) Treatment at scene - nontransported (6) Treatment later	through 30 days = 60)
	(8) Treatment - other (specify):	(00) Not fatal (96) Fatal - ruled disease
I		(99) Unknown
	(9) Unknown	
•		40. 1st Medically Reported Cause of Death 6
36.	Type Of Medical Facility (for Initial Treatment)	40. 1st Medically Reported Cause of Death
ا	(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death <u>O</u> <u>O</u>
ĺ	(1) Trauma center	
1	(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death O
	(3) Medical clinic (4) Physician's office	Code the Occupant Injury from line
	(5) Treatment later at medical facility	number(s) for the medically reported injury(s) which reportedly contributed to
	(8) Other (specify):	this occupant's death
1	(0) 11-1	(00) Not fatal or no additional causes
	(9) Unknown	(97) Other result (includes fatal ruled
		disease) (specify):
37.	Hospital Stay	(99) Unknown
	(00) Not Hospitalized	
İ	Code the number of days (up through 60)	
	that the occupant stayed in hospital. (61) 61 days or more	43. Number of Recorded Injuries for
	(99) Unknown	This Occupant Code the actual number of
		injuries recorded for this occupant.
		(00) No recorded injuries
		(97) Injured, details unknown
		(99) Unknown if injured
<u>_</u>		
_		
1		
1		
1		

	AUTOMATIC BELT SYSTEM	48. Automatic (Passive) Belt Failure Modes
44.	Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
	Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	(6) Broken retractor(7) Combination of above (specify):(8) Other automatic belt failure (specify):
45.	Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat
	disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	(2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
46.	Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER
		TRAUMA DATA
47	Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than	50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
	one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):	51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given
	(8) Other improper use of automatic belt system (specify):(9) Unknown	52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
	ARE ALL APPLICABLE MEDICAL RECO WITH INITIAL SUBMISSION?	RDS INCLUDED NO [] YES []
1	UPDATE CANDIDATE?	NO[] YES[]



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety Administration NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	14. Was This Occupant Injured?
1. PSU Number $\frac{\sqrt{C}}{\sqrt{2}}$	(0) No (1) Yes (9) Unknown
2. Case Number—Stratum 9309	
3. Researcher Completing Form	15. Status of Medical Release (0) Occupant not injured
4. Vehicle Number	(1) Medical release not required at medical facility
5. Occupant Number O Q	Medical Release Required (2) Required not obtained
6. Interviewer Number	(2) Required not obtained (3) Required obtained
7. Date Interview Completed	16. Injury Treatment Status (00) Occupant not injured (01) No treatment
8. Date Official Medical Data/A//	(02) Fatal—died before hospitalization (03) Fatal—died after hospitalization (04) Hospitalization
9. Date Official Medical Data MA / J J J J J J J J J J J J J J J J J J	 (05) Emergency room treatment only (06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery (09) Treatment at medical facility—unknown level of
10. Occupant's Role	treatment (99) Unknown
(2) Passenger	
(3) Unknown	17. Injury Information Form Record
11. Interviewee For This Occupant	Official Form Record
(0) No interview (1) Same person	a. Autopsy (invasive examination) b. Post-ER medical record which
Surrogate	includes information about death
(2) Other occupant (3) Relative or friend	based on non-invasive examination c. Admission record/summary of
(4) Multiple interviewees from above categories	admission/discharge face sheet d. Discharge summary
(specify): Drive / Mother	e. Operative report f. Radiographic record(s) post ER visit
12. Manner Of Interview	g. History and physical examination and/or consultation records
(O) No attempt	h. Emergency room records
(1) Telephone (2) In-person	i. Radiographic record(s) associated
(3) Questionnaire (9) Unknown (for Zone Center use only)	j. Private physician
	<u>Unofficial</u> k. Lay coroner
13. Result Of Last Interview Attempt	I. EMS record
(01) Unable to contact or locate (02) Hit and run	n. Other source (specify): B
(03) Fatal—surrogate not available (04) In intensive care—surrogate not available	o. Police report <u>B</u>
(05) Out-of-state resident	(See reverse side of this page for codes for variable 13)
(06) Refused interview (07) Insurance company refusal	•
(08) Attorney refusal or litigation (09) No return of questionnaire	18. Medical Facility Code
(10) Other (specify):	
(11) Return of completed questionnaire (12) Partial interview	
(13) Complete interview	

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

- (Blank) Not medically treated/record not required
 - (01) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (O3) Injury not related to accident
 - (O4) Noncooperative hospital
 - (05) Hospital out-of-study area
 - (06) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

18. Documentation of Occupant Interview

(Excludes Injury Data)

- (O) Not applicable
- (1) Substandard
- (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	3.0	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						
					1					

Data Status Codes:

(Blank) Correct

- (5) Sequencing error
- (1) Derived error
- (7) Incorrect edit override
- (2) Non-correctable error
- (8) MDE error
- (3) Correctable error
- (9) Unknown coded
- (4) Change—no error

0

U.S. Department of Transportation National Highway Traffic Safety Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

01

2. Case Number - Stratum

9304

4. Occupant Number

<u>0 2</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

		0.l.CA.l.S							Injury Occupant			
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific · Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Area Intrusion Number	
1st	_{5.} <u>7</u>	e. <u>8</u>	7.9	<u>. O </u>	9. <u>6</u> 9	10	11	12.45	13. /	14	15. <u>00</u>	
2nd	16	17	18 19	.	20	21	22	23	24	25	26	
3rd	27	28	29 30	o	31,	32	33	34	35	36	37	
4th	38	39	404	l	42	43	44	45	46	47	48	
5th	49	50	51 5	2	53,	54	55	58	57	58,	59	
6th	60	61	62 6:	3	64	65	66	67	68	69	70	
7th	71	72	78 7	¢	75	76	77	78	79	80	81	
8th	82	83	848	5	86	87	88	89	90	91	92	
9th	93	94	959	8	97	98	99	100	101	102	103	
10th	104	105, 1	0610	71	108	109	110	111	112	113	er er 1919 114- <u>1130 - 1</u> 21 - 1135 - 1139	

Page 3

	OFFICIAL INJURY DATA - SKELETAL INJURIES
Restrained?NoYes	Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)
Blood Alcohol Level (mg/dl)	
Glasgow Coma Scale Score GCSS =	
Units of Blood Given	
Arterial Blood Gasse pH = PO, =	
PCO,	



National Highway Traffic Safety Administration

OCCUPANT INJURY LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY ZONE CENTER	SECOND LEVEL REVIEW			
1. PSU Number 2. Case Number – Stratum 3. Vehicle Number 4. Occupant Number 5. Documentation of Interview Data on	16. Documentation of Official Data on Manikin (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard AIS AIS 1-7 3-6			
Manikin Listing (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard INJURY INFORMATION CODING	17. Number of Rows Added by Second Level Reviewer 18. Number of Rows Deleted by Second Level Reviewer			
Injury Mechanisms & Information Intrusions 6. Date Data Included With Initial Submission Coded 7. Coded By (Initials) 8. Date Update Received	ERROR STATUS FOR INJURY VARIABLES Coding Errors (total number in each column) 5 6 7 8 9 10 11 12 13 14 15			
Injury Mechanisms & Intrusions 9. Date Data Includediiii With Updated Submission Coded 10. Coded By (Initials) AIS AIS 1-7 3-6	19. Date Of Second Level			
11. Number of Injury Rows Coded 12. Number of Unknown Injuries 13. Number of Unknown Injury Contect Mechanisms MDE STATUS 14. Date MDE'ed 15. MDE'ed By (Initials)				

OCCUPANT ASSESSMENT FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM

U.S. Department of Transportation **National Highway Traffic Safety**

dministration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number NCSI	OCCUPANT'S SEATING
2. Case Number - Stratum 9304	10. Occupant's Seat Position
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number <u>0 3</u>	(13) Right side (14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown 70 inches X 2.54 = 1778 centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area
/ O inches X 2.54 = 1 1 5 centimeters	(98) Other seat (specify):
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown 145 pounds X .4536 = 65.77 kilograms 9. Occupant's Role (1) Driver (2) Passenger	11. Occupant's Posture (0) Normal posture Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front
(9) Unknown	of seat (8) Other abnormal posture (specify): (9) Unknown

EJEC	TION/EI	NTRAPMENT
12. Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure	0	
(3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):		
(9) Unknown		
	· .	
		•

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed) (8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify):	22. Air Bag System Deployment (O) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown
(12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used 19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
Belt Used Improperty (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperty with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other manual belt failure (specify):	

National Accident Sampling System-Crashworthiness Da	ND SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed
 (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): 	(4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify):
(9) Unknown	(7) Combination of above (specify):
26 Sort Type (this Occupant Position)	(8) Other (specify):
(00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back	(a) Olikilowii
(03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported)	
(09) Other seat type (specify):	
(10) Box mounted seat (i.e., van type) (99) Unknown	
. *	
1	

	CHILD SA	AFETY SEAT
28.	Child Safety Seat Make/Model OOO OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	31. Child Safety Seat Harness Usage
	Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat	32. Child Safety Seat Shield Usage
	(997) Other make/model (specify):	33. Child Safety Seat Tether Usage
	(998) Unknown make/model (999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29.	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30.	Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify):	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used
	(29) Unknown orientation (99) Unknown if child safety seat used	

	INJURY CONSEQUENCES	38. Working Days Lost
34.	Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant lost from work due to the accident
	(0) O - No injury	lost from work due to the accident (00) No working days lost
	(1) C - Possible injury	(61) 61 days or more
	(2) B - Nonincapacitating injury (3) A - Incapacitating injury	(62) Fatally injured
	(4) K - Killed	(97) Not working prior to accident
	(5) U - Injury, severity unknown	(99) Unknown
	(6) Died prior to accident	
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
		MADIANIES OF TUROUS LAS ARE
35	Treatment - Mortality	VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER
JJ.	(0) No treatment	
	(1) Fatal	
!	(2) Fatal - ruled disease (specify):	39. Time to Death
		Code number of hours from time of
	Nonfatal	accident to time of death up through 24 hours. If time of death is greater than 24
	(3) Hospitalization	hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day =
	(4) Transported and released	31, 2 days = 32, n days = 30 +n up
1	(5) Treatment at scene - nontransported	through 30 days = 60)
1	(6) Treatment a other (enecity):	(00) Not fatal
1	(8) Treatment - other (specify):	(96) Fatal - ruled disease (99) Unknown
	(9) Unknown	(55) GIRIOWII
ı		
100	Time Of Medical English, If a Initial Transaction	40. 1st Medically Reported Cause of Death O
კნ.	Type Of Medical Facility (for Initial Treatment) (0) Not treated at a medical facility	41 2nd Medically Paparted Cause of Dooth C
	(1) Trauma center	41. 2nd Medically Reported Cause of Death <u>O</u>
	(2) Hospital	42. 3rd Medically Reported Cause of Death <u>o</u>
1	(3) Medical clinic	Code the Occupant Injury from line
	(4) Physician's office	number(s) for the medically reported
1	(5) Treatment later at medical facility (8) Other (specify):	injury(s) which reportedly contributed to
	tot onioi lahaoniyti	this occupant's death (00) Not fatal or no additional causes
	(9) Unknown	(97) Other result (includes fatal ruled
		disease) (specify):
27	Hospital Stay	(00) Heleans
./د	Hospital Stay (00) Not Hospitalized	(99) Unknown
1	Code the number of days (up through 60)	
	that the occupant stayed in hospital.	43. Number of Recorded Injuries for
	(61) 61 days or more	This Occupant
1	(99) Unknown	Code the actual number of
		injuries recorded for this occupant. (00) No recorded injuries
		(97) Injured, details unknown
1		(99) Unknown if injured
l		
 		1
•	•	·

14401141 7 1001410			
	TOMATIC BELT SYSTEM	48	B. Automatic (Passive) Belt Failure Modes Ouring Accident
	: (Passive) Belt System Availability/	-	(0) Not equipped/not available/not in use
Function (0) Not ed	uipped/not available		(1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included)
(1) 2 poin	t automatic belts		(3) Broken buckle or latchplate
(2) 3 poin	t automatic belts natic belts - type unknown		(4) Upper anchorage separated
(5) Auton	iatic beits - type diminown		(5) Other anchorage separated (specify):
Non-funct	ional		(6) Broken retractor
(4) Auton inoper	natic belts destroyed or rendered ative		(7) Combination of above (specify):(8) Other automatic belt failure (specify):
(9) Unkno			(8) Other automatic per railure (specify).
			(9) Unknown
45. Automatic	(Passive) Belt System Use		
(O) Not ed	quipped/not available/destroyed or		
render (1) Auton	red inoperative natic belt in use	49	9. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat
(2) Auton	natic belt not in use (manually		(1) Forward facing seat
discor (speci	nnected, motorized track inoperative)	1	(2) Rear facing seat
	•		(3) Side facing seat (inward) (4) Side facing seat (outward)
(3) Auton (9) Unkno	natic belt use unknown	1	(8) Other (specify):
(9) Unkno	own .		(9) Unknown
	c (Passive) Relt System Tyne		(5) Olikilowii
46. Automatic	c (Passive) Belt System Type $\qquad \underline{ }$ quipped/not available	- 18888	THE WARRENCE COTHOGRAM EX ADE
(1) Non-n	notorized system		STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER
(2) Motor	rized system		
(9) Olikili	OWII		
			TRAUMA DATA
47. Proper Us	se of Automatic (Passive	2 50	0. Glasgow Coma Scale (GCS) Score
Belt Syste	em		(at Medical Facility) (00) Not injured
(0) Not e	quipped/not available/not used natic belt used properly		(01) Injured - not treated at medical facility
(2) Autor	matic belt used properly with		(02) No GCS Score at medical facility
child	safety seat		(03-15) Code the actual value of the initial GCS Score recorded at medical
Automati	c Belt Used Improperly		facility.
(3) Autor	matic shoulder belt worn under arm matic shoulder belt worn behind back		(97) Injured, details unknown (99) Unknown if injured
	matic belt worn around more than		(33) Olikilowii ii iiijuleu
one p	person	_	Manatha Coursest Cives Blood?
	ortion of automatic belt worn	၂၁	1. Was the Occupant Given Blood?
(7) Auto	matic lap and shoulder belt or		(2) Yes - blood given
	natic shoulder belt used improperly child safety seat (specify):		(specify units): (9) Unknown if blood given
			(b) Olikilowii ii blood giroli
(8) Other	r improper use of automatic belt system	_	62. Arterial Blood Gases (ABG) – HCO ₃
(9) Unkn		l o	(00) Not injured
		- 1	(01) Injured, ABGs not measured or reported
			(02-50) Code the actual value of theHCO3 (96) ABGs reported , HCO3 unknown
			(97) Injured, details unknown
			(99) Unknown if injured
	- 411 ADDITION - 44501041 DEG	.000	OS INCLUDED (A/A) NO [] YES []
ARI WI	E ALL APPLICABLE MEDICAL REC TH INITIAL SUBMISSION?	,UKD	A INCLUDED WAY IND [] TES []
	UPDATE CANDIDAT	E?	NO [/] YES []



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration	CRASHWORTHINESS DATA SYSTEM
TO BE COMPLETED BY TEAM	14. Was This Occupant Injured?
1. PSU Number NCSI	(1) Yes (9) Unknown
2. Case Number—Stratum 9304	
3. Researcher Completing Form	15. Status of Medical Release (0) Occupant not injured
4. Vehicle Number	(1) Medical release not required at medical facility
5. Occupant Number 03	Medical Release Required (2) Required not obtained
6. Interviewer Number	(3) Required obtained
7. Date Interview Completed	16. Injury Treatment Status (00) Occupant not injured (01) No treatment
8. Date Official Medical Data <u>N/A / / / / / / / / / / / / / / / / / / </u>	(02) Fatal—died before hospitalization (03) Fatal—died after hospitalization (04) Hospitalization (05) Emergency room treatment only
9. Date Official Medical Data/// Obtained	(06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery
10. Occupant's Role (1) Driver (2) Passenger (3) Unknown	(09) Treatment at medical facility—unknown level of treatment (99) Unknown
11. Interviewee For This Occupant	17. Injury Information Form Record
(0) No interview	a. Autopsy (invasive examination)
(1) Same person	b. Post-ER medical record which includes information about death
Surrogate (2) Other occupant	based on non-invasive examination c. Admission record/summary of
(3) Relative or friend (4) Multiple interviewees from above categories	admission/discharge face sheet d. Discharge summary
(specify): * Driver / Mother	e. Operative report f. Radiographic record(s) post ER visit
12. Manner Of Interview	g. History and physical examination and/or consultation records
(0) No attempt (1) Telephone	h. Emergency room records i. Radiographic record(s) associated
(2) In-person (3) Questionnaire	with ER visit j. Private physician
(9) Unknown (for Zone Center use only)	<u>Unofficial</u>
13. Result Of Last Interview Attempt	k. Lay coroner I. EMS record
(O1) Unable to contact or locate (O2) Hit and run	m. Interviewee n. Other source (specify): B
(O3) Fatal—surrogate not available (O4) In intensive care—surrogate not available	o. Police report <u>B</u>
(05) Out-of-state resident (06) Refused interview	(See reverse side of this page for codes for variable 13)
(07) Insurance company refusal (08) Attorney refusal or litigation	
(09) No return of questionnaire (10) Other (specify):	18. Medical Facility Code
(11) Return of completed questionnaire (12) Partial interview	
(13) Complete interview	

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Log

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required

- (01) No record of treatment at medical facility
- (02) Medical release required—not obtained
- (03) Injury not related to accident
- (O4) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained—not to be updated
- (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview (Excludes Injury Data)
 - (O) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	, 7 ₊	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
		-	-							
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						
					1					

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error
- (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety Administration

	OCCUPANT'S SEATING
1. Primary Sampling Unit Number $\frac{NCSI}{I}$	10. Occupant's Seat Position 3
2. Case Number - Stratum 9304	Front Seat
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number O 4	(13) Right side (14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant
67 inches X 2.54 = 170.8 centimeters	(97) In or on unenclosed area (98) Other seat (specify): (99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown	11. Occupant's Posture (0) Normal posture Abnormal posture
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	(1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

	EJEC	TION/E	NTRAPMENT
(2) Partia	lete ejection I ejection on, unknown degree	р	15. Medium Status (Immediately Prior To Impact) O (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown
13. Ejection A (0) No eje (1) Winds (2) Left fr (3) Right (4) Left r (5) Right (6) Rear (7) Roof (8) Other (speci	ection shield ront front ear rear area (e.g., back of pickup, etc.)	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown
(2) Nonfi (3) Fixed (4) Nonfi (5) Integr	ection /hatch/tailgate ixed roof structure glazing ixed glazing (specify): ral structure r medium (specify):	<u>O</u>	

RESTRAINT SYS	TEM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	21. Air Bag System Availability/Function (O) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	22. Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify):
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
Belt Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify): (9) Unknown 20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown (9) Police indicated "unknown"
(8) Other manual belt failure (specify):	
(9) Unknown	

HEAD RESTRAINT AN	D SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown

CHILD SAF	ETY SEAT
28. Child Safety Seat Make/Model (000) No child safety seat Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat	31. Child Safety Seat Harness Usage 32. Child Safety Seat Shield Usage
(997) Other make/model (specify): (998) Unknown make/model (999) Unknown if child safety seat used	33. Child Safety Seat Tether Usage Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used	Not Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used
30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation (99) Unknown if child safety seat used	Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used

INJURY CONSEQUENCES	38. Working Days Lost 97
34. Injury Severity (Police Rating)	Code the number of days (up through 60) that the occupant
(0) O - No injury	lost from work due to the accident (00) No working days lost
(1) C - Possible injury	(61) 61 days or more
(2) B - Nonincapacitating injury	(62) Fatally injured
(3) A - Incapacitating injury	(97) Not working prior to accident
(4) K - Killed	(99) Unknown
(5) U - Injury, severity unknown (6) Died prior to accident	
(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
(c) diministri	GIOL - GO LO TAMABLE TA DISTAGE /
_	VARIABLES 39 THROUGH 43 ARE
35. Treatment - Mortality	COMPLETED BY THE ZONE CENTER
(0) No treatment	P0000000000000000000000000000000000000
(1) Fatal	
(2) Fatal - ruled disease (specify):	39. Time to Death
	Code number of hours from time of accident to time of death up through 24
Nonfatal	hours. If time of death is greater than 24
(3) Hospitalization	hours, code number of days. (Note: 1 day =
(4) Transported and released	31, 2 days = 32, n days = 30 +n up
(5) Treatment at scene - nontransported	through 30 days = 60)
(6) Treatment later	(00) Not fatal
(8) Treatment - other (specify):	(96) Fatal - ruled disease
(9) Unknown	(99) Unknown
(5) Olikilowii	
	40. 1st Medically Reported Cause of Death O
36. Type Of Medical Facility (for Initial Treatment)	
(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death
(1) Trauma center (2) Hospital	42 2rd Madically Paraettad Cause of Dooth
(3) Medical clinic	42. 3rd Medically Reported Cause of Death
(4) Physician's office	number(s) for the medically reported
(5) Treatment later at medical facility	injury(s) which reportedly contributed to
(8) Other (specify):	this occupant's death
	(00) Not fatal or no additional causes
(9) Unknown	(97) Other result (includes fatal ruled
	disease) (specify):
37. Hospital Stay	(99) Unknown
(00) Not Hospitalized	(33) GIRIOWIT
Code the number of days (up through 60)	
that the occupant stayed in hospital.	43. Number of Recorded Injuries for
(61) 61 days or more	This Occupant O
(99) Unknown	Code the actual number of
	injuries recorded for this occupant.
	(00) No recorded injuries (97) Injured, details unknown
	(99) Unknown if injured
	(55)
•	

Valuonal Accident Sampling System-Crashword miless Det	
AUTOMATIC BELT SYSTEM	48. Automatic (Passive) Belt Failure Modes
44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	(6) Broken retractor(7) Combination of above (specify):(8) Other automatic belt failure (specify):(9) Unknown
45. Automatic (Passive) Belt System Use	
 (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown 	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward)
(9) Unknown	(8) Other (specify): (9) Unknown
46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER
	TRAUMA DATA
47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person	50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
(6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):	51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given
(8) Other improper use of automatic belt system (specify):(9) Unknown	52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
ARE ALL APPLICABLE MEDICAL RECO	ORDS INCLUDED NO [] YES []
UPDATE CANDIDATE?	



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety Administration NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	14. Was This Occupant Injured?
1. PSU Number NC ST	(0) No (1) Yes (9) Unknown
2. Case Number—Stratum 9304	(a) Olikiowii
3. Researcher Completing Form	15. Status of Medical Release (0) Occupant not injured
4. Vehicle Number 0 1	(1) Medical release not required at medical facility
5. Occupant Number 0 4	Medical Release Required (2) Required not obtained
6. Interviewer Number	(3) Required obtained
7. Date Interview Completed 9. 1993	16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization (03) Fatal—died after hospitalization
9. Date Official Medical Data / / Obtained 10. Occupant's Role (1) Driver (2) Passenger	(04) Hospitalization (05) Emergency room treatment only (06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery (09) Treatment at medical facility—unknown level of treatment (99) Unknown
(3) Unknown	17. Injury Information Form Record
11. Interviewee For This Occupant (0) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): Druv Notw 12. Manner Of Interview (0) No attempt (1) Telephone (2) In-person (3) Questionnaire (9) Unknown (for Zone Center use only) 13. Result Of Last Interview Attempt (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview	Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify):

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required

- (01) No record of treatment at medical facility
- (02) Medical release required—not obtained
- (O3) Injury not related to accident
- (O4) Noncooperative hospital
- (O5) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained—not to be updated
- (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview (Excludes Injury Data)
 - (0) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6 .	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
						·				
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						
					7					

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



U.S. Department of Transportation National Highway Traffic Safety Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

 Primary Sampling Unit Number NCSI Case Number - Stratum 9 3 0 4 	Interviewee(s) Role or Name(s): Driver of Case Vehicle			
3. Vehicle Number O I	Dodge Intrepid			
Review all available information and interview of acquisition of all pertinent data.	questions prior to conducting interview(s) to ensure the			
If the driver was not the person interviewed, w	as an appointment made for a follow-up interview?			
DRIVER'S DESCR	IPTION OF ACCIDENT EVENTS			
Trevelling SB on	#3 Jane 30-40 MPH did not see			
other vehicle until it was	in fruit of me hit brakes (no lockup)			
but hit RR of other veh	icle at same time hit brakes, next			
instant I lost vision (du	cto air bas) then was at sideways			
in #3 lane partially in	#2 lane facing westerly			
. <i>F</i>				
OCCUPANT'S DESC	CRIPTION OF ACCIDENT EVENTS			

ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH



U.S. Department of Transportation National Highway Traffic Safety

INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

dministration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number NCSI 2. Case Number - Stratum 9 3 0 4	Interviewee(s) Role or Name(s):
3. Vehicle Number	
	- DATA OLIFOTIONO
ACCIDENT	DATA QUESTIONS
1. Can you tell me in which direction you were trave	
[] North [X] South [] East [] West	[] Braking with lock-up
(Optional - Where were you coming from or going going home. 2. In which lane were you traveling? (Note: Lane 1 is designated as the right curb lane) [1] [2] [3] [4] [] Other (specify):	[] Accelerating [] Steering left [] Steering right [] Other (specify):
	7. Where was your vehicle at the time of the collision?
3. Can you remember your <u>estimated travel speed</u> (in per hour) before the accident? [] Stopped [] 1-10 [] 10-20 [] 20-30	miles Original travel lane Different travel lane In intersection Off roadway to right Off roadway to left Other (specify): Was your travel speed at the time of the collision different from your previous travel speed?
4. Just before the accident, can you tell me what you intending to do or were doing?	[] higher [] Unknown 8a. Can you estimate your speed at the time of the collision?
5. Did you experience any loss of control due to w conditions or mechanical problems? No ☐ Yes (If yes, describe below)	how your vehicle moved to its stopped position? The stand approx. 70-80 degrees In a Can manner 10. Can you tell me how many collisions your vehicle had
6. Did you have to take any <u>avoidance actions prior accident?</u> [] No - Go to question 7 [⋉] Yes - Go to question 6a	during the accident and the source of the collisions?

tional Accident Sampling System-Crashworthiness Data	System: Interview Form Page 2
1. Primary Sampling Unit Number NCSI	3. Vehicle Number
2. Case Number - Stratum 9304	4. Occupant Number O
VEHICLE/DRIVER D	ATA QUESTIONS
1. Can you tell me the year, make, model of your vehicle? 1 9 9 3, Dodge, Threpid Year Make Model 2. Can you describe the damage to your vehicle? White front could hand feen dest bumper White all damaged 3. Was there any previous damage to your vehicle that is not related to this accident? No [] Yes (If "yes", describe below)	7b. Were any of the belts removed or not functional prior to the accident? No Yes (If "Yes", specify which belt and describe problem) So any of the front belts move along a motorized track when the door is opened or closed? No (If "No", go to question 9) Yes (If "Yes", what seat location?) Left Front Right Front
 4. Did any of the doors (hatch, tailgate) open during the accident? ✓ No [] Yes (If "Yes", describe below) 5. Did any of the windows break during the accident? [] No [] Yes (If "Yes", describe below) ✓ Was damsed, stress fx f 	8a. Were the motorized betts working properly better the accident? [] No (If "No", describe condition below) [] Yes 8b. Were the belts connected to the track prior to the accident? [] No [] Yes [] Unknown
6. Does your vehicle have a glove compartment? [] No [X] Yes - *	 9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door? ⋈ No (go to question 10) [] Yes
 6a. Did the glove compartment door come open during the accident? [⋈ No [] Yes [] Unknown 7. Does your vehicle have "seat belts"? [] No (If "No", go to question 7b) [⋈] Yes (If "Yes", go to question 7a) 	9a. Does this belt come across the? [] Chest only [] Lap and chest 9b. Was this belt connected prior to the accident? [] No [] Yes [] Unknown
7a. Can you describe the type of seat belt for each seat? Driver's seat [] Lap [X] Lap and shoulder Front seat middle [] Lap [] Lap and shoulder Front seat right [] Lap [X] Lap and shoulder Rear seat left [] Lap [X] Lap and shoulder Rear seat middle [X] Lap [] Lap and shoulder Rear seat right [] Lap [X] Lap and shoulder (Identify seat belts for third row and beyond	AIR BAGS 10. Is your vehicle equipped with a driver's side air bag? [] No (go to question 11) [X] Yes (go to question 10a) [] Unknown (go to question 11) 10a. Did the air bag inflate during the accident? [] No (go to questions 10b and 10c) [X] Yes (go to question 10e)

1. Primary Sampling Unit Number NCST	3. Vehicle Number
2. Case Number - Stratum 9 3 0 4	4. Occupant Number O /
OCCUPANT DAT	TA QUESTIONS
 Was there anyone else in your vehicle at the time of the accident? No (If "No", go to question 4) Yes (If "Yes", specify number in question 2 below and then go to question 3) Unknown 	5d. Were you (Was he/she) [➢ Sitting upright or [] Leaning to left side, or [] Leaning to right side? OCCUPANT EJECTION
2. How many? [1] One other person [2] Two other persons [3] Three other persons [4] Four other persons [5] Five other persons [6] Six other persons [7] Seven or more other persons (specify number:) 3. Where was this person sitting? (Circle seating positions)	 6. Were you (Was he/she) or any part of your (his/her) bod thrown from the vehicle during the accident? [⋈ No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No [] Yes (Describe:)
[12] [13] [21] [22] [23] [31] [32] [33] [] Other (specify:) OCCUPANT CHARACTERISTICS	OCCUPANT RESTRAINT 7. Were you (Was he/she) wearing a seat belt just before the accident? [] No (If "No", go to question 8) [x] Yes [] Unknown
4. Can I have your (his/her) height, weight, age, and sex? Height 5'7" Weight 150 Age 36 Sex: [] Male [X] Female	7a. Were you (Was he/she) wearing the [] Lap belt? [뇠 Lap and Shoulder belt? [] Shoulder belt?
occupant posture 5. Can you tell me how you (he/she was) were sitting in your vehicle? normal upright behind steering wheel back against seet (shoulders not touching) 5a. Can you describe the location of your (his/her) feet just prior to the collision? Right foot on gas /eft flat on floor	7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach [X] Low on lap [] Other (specify:) [] Unknown 7c. Can you describe how you were (he/she was) wearing the shoulder belt? [X] Over the shoulder [] Under the arm [] Behind the back [] Behind the seat [] Other (specify:)
5b. Can you describe the location of your (his/her) arms? Right hand at 2 oclock on wheel Left hand at 10 oclock on wheel	7d. Did any part of the belt system break or tear? [>] No [] Yes (If "Yes", describe) [] Unknown OCCUPANT ENTRAPMENT
5c. Was your (his/her) back resting against the seat back rest? [] No (If "No", describe the position) [X] Yes but shouldes not to uching [] Unknown seat back	8. Were you (Was he/she) trapped in the vehicle? [X] No [] Yes (If "Yes", describe)

PSU Number NCST

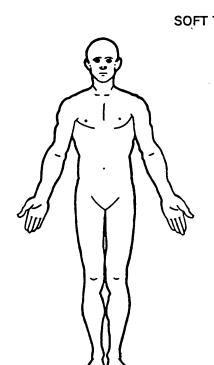
Case Number-Stratum 93 04

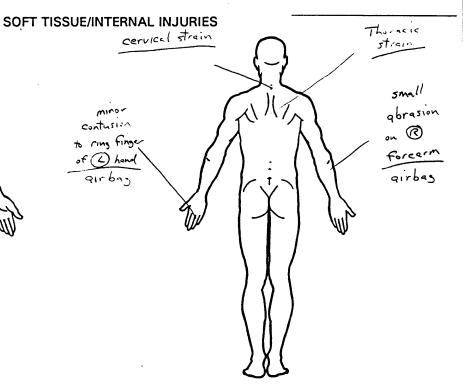
Vehicle Number O /

Occupant Number O /

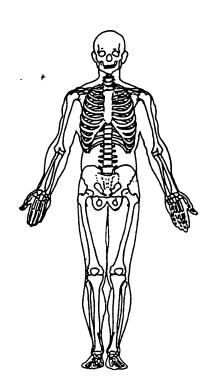
INJURY DATA FROM INTERVIEWEE(S)

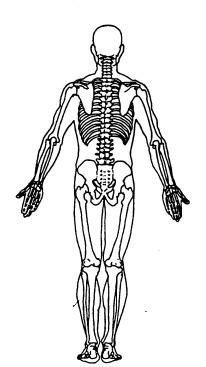
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Same person





SKELETAL INJURIES





National Accident Sampling System-Crashworthiness Data 1. Primary Sampling Unit Number $NCSI$	3. Vehicle Number Page
2. Case Number - Stratum 9 3 0 4	4. Occupant Number O
OCCUPANT INJURY	DATA QUESTIONS
1. Were you (Was he/she) injured? [] No (If "No", go to next occupant. Stop if no other occupant.) [] Yes (If "Yes", complete Occupant Injury Questions) [] Unknown	5a. Do you know what caused this injury?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown
 2. Did you (he/she) receive any cuts, abrasions, or bruises? No (go to question 3) Yes (If "Yes", record the exact location(s) and size on the manikin(s).) Unknown 2a. Do you know what caused your (his/her) injury(s)? 	 6. Did you (he/she) suffer any joint sprains or muscle strains? [] No (If "No", go to question 7) [Ճ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) [] Unknown
 [] No [∠] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown 	 6a. Do you know what caused the injury(s)? ⋈ No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown
 3. Did you (he/she) experience any broken bones? ⋈ No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown 	 7. Did you (he/she) receive treatment for your (his/her) injury(s)? [] No (If "No", go to question 8) ⋈ Yes (If "Yes", go to question 7a)
 3a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) Unknown 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) Unknown 	 7a. Were you (Was he/she) treated by: [⋈] Hospital/trauma_center? (specify hospital name): [] Medical clinic [] Out patient surgery? (specify medical facility:) [] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room?
4a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown	[] No (If "No", go to question 7c.) [
 5. Were any of your (his/her) internal organs injured? [⋈] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) [] Unknown 	7d. How many days were you (was he/she) in the hospital?

ional Accident Sampling System-Crashworthiness Dat	
. Primary Sampling Unit Number \underline{NCSI}	3. Vehicle Number O 1
2. Case Number - Stratum 9304	4. Occupant Number
OCCUPANT INJURY DATA	QUESTIONS (CONTINUED)
	8. Have you (he/she) lost any days from work or school (college)? [] No [] Yes (If "Yes", determine the number of days lost) (Specify:) M Not working prior to the accident [] Unknown

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National Highway Traffic Safety Administration

CONTACT LOG

1. PS	SU Number		ΝC	SI	3. Vehicle Number
2. C	ase Number-Stratum	_9	3 0	4_	4. Assigned Researcher Number
	VEHICLE INS	PECTION			INTERVIEW
	Date Time	ID# Cont	act Manner	Result	DRIVER INTERVIEW Date Time ID# Contact Manner Result
	93	9 3		9	193 //:30 • 1 1 10
	193	2 2	<u>a</u>	2	193 18:45
	/!:				193 07:30
	/!		_		193 /2:00 1 / 10
	// :				193 09:00 1 1 10
	//:				73 20:00 1 1 13
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	//:_		- –	_	OCCUPANT INTERVIEW
	<u>//:_</u>				Occ. No. Date Time ID# Contact Manner Result
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	<u>//:_</u>			_	3 193 20:00 1 1 13
l ——	//:			· ··· <u>·</u>	4 93 20.00 1 / 13
1 ——	<i>'</i> '			_	/
	<u>/ /</u>			_	
(2) (3) (4) (5) (6) (7) (8)	Owner/driver Towyard Repair facility Salvage yard Police Insurance company Attorney Other (specify):				CONTACT (0) No interview (1) Driver (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories MANNER (0) Vehicle not occupied (1) Telephone (2) In-person
	Telephone				(3) Questionnaire (4) Other (specify):
(3)	In-person Questionnaire				
RESUI (1) (2) (3) (4) (5) (6)	Complete inspection Partial inspection Refusal Vehicle moved to known loo Vehicle moved to unknown Vehicle located, no permiss	location			RESULT (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify):
(8)	Vehicle repaired No answer/not home				(11) Return of completed questionnaire (12) Partial interview
(9)	Other (specify):				(13) Complete interview

VEH	IICLE INSPE	CTION			OCCUP	ANT INTER	RVIEW
Date	Time	ID# Contac	t Manner Result	Doc. No.	Date	Time	ID# Contact Manner Result
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DF	RIVER INTER	VIEW] — —	_''		
Date +	Time	ID# Contac	t Manner Result		_''	:	
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ional Accident Sampling System-Crashworthiness Data . Primary Sampling Unit Number $NCSI$ 3. Vel	hicle Number	_0	_
	cupant Number	O	a
. Case Number - Stratum 93044. Oc OCCUPANT DATA QUE			
. Who was the next occupant in your vehicle at the time of	5d. Were you (Was he/she) [➢] Sitting upright or		
the accident?	[] Leaning to left side, or		
	[] Leaning to right side? OCCUPANT EJECTION		
		is/her	r) body
	Were you (Was he/she) or any part of your (h thrown from the vehicle during the accident	?	, 600,
2. Occupant Number 2 of 4 .	[⋈ No (If "No", go to question 7)		
	[] Yes (If "Yes", go to question 6a) [] Unknown		
		امار امار	
o un control to a special sitting? (Circle seating	6a. Can you remember what part of the vehicle (he/she was) thrown out?	e you	n were
3. Where were you (was this person) sitting? (Circle seating positions)	[] No		
	[] Yes (Describe:)		
[12] [13]) [21] [22] [23]			
[31] [32] [33]	OCCUPANT RESTRAINT		
[] Other (specify:)	7. Were you (Was he/she) wearing a seat bel	t just	: befo
OCCUPANT CHARACTERISTICS	the accident? [] No (If "No", go to question 8)		
	Yes		
4. Can I have your (his/her) height, weight, age, and sex?	[] Unknown		
Height 4' Weight 70 lbs Age 10	7a. Were you (Was he/she) wearing the		
Sex: Male [] Female	[] Lap belt?		
Sex. X Wale Tremely			
OCCUPANT POSTURE		wae)	wearin
5. Can you tell me how you (he/she) was sitting in the	7b. Can you describe how you were (he/she was the lap belt?	vas,	*******
vehicle?	[] Across the stomach		
normal upright back against seat	Low on lap Other (specify:)		
normal aprisal back as in	[] Unknown		
	7c. Can you describe how you were (he/she	was)	weari
5a. Can you describe the location of your (his/her) feet just	the shoulder belt?		
prior to the collision?	[] Under the arm		
hanging over edge - don't touch floor	[] Behind the back		
	[] Behind the seat [] Other (specify:)		
5b. Can you describe the location of your (his/her) arms?	7d. Did any part of the belt system break or to [⋈] No	ar?	
unknown	[] Yes (If "Yes", describe)		
	[] Unknown		
5c. Was your (his/her) back resting against the seat back rest [] No (If "No", describe the position)	OCCUPANT ENTRAPMEN	T	
	8. Were you (Was he/she) trapped in the vel	nicle?	
[刈 Yes [] Unknown	[≿] No [] Yes (If "Yes", describe)		
[] OHAHOWH			
	1		

PSU Number NCSI

Case Number – Stratum 9 3 0 4

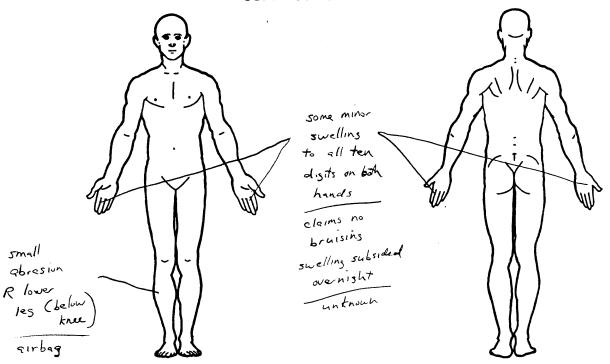
Vehicle Number O/_

Occupant Number 0 2

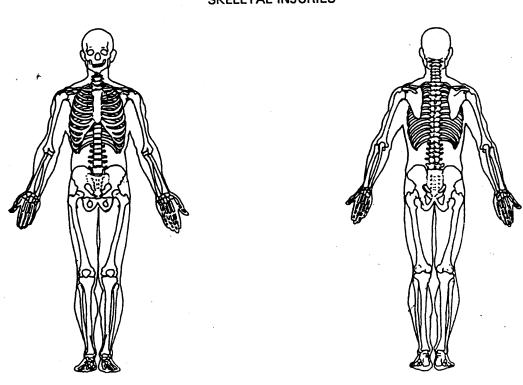
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Drive/Mathe

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



ational Accident Sampling System-Crashworthiness Data		Page
1. Primary Sampling Unit Number $NCST$	3. Vehicle Number	
2. Case Number - Stratum 9304	4. Occupant Number ©	<u>2</u>
OCCUPANT INJURY	DATA QUESTIONS	
1. Were you (Was he/she) injured? [] No (If "No", go to next occupant. Stop if no other occupant.) [⋉] Yes (If "Yes", complete Occupant Injury Questions) [] Unknown	 5a. Do you know what caused this injury? [] No [] Yes (If "Yes", specify the component(s) manikin(s).) [] Unknown 	on the
 Did you (he/she) receive any cuts, abrasions, or bruises? No (go to question 3) Yes (If "Yes", record the exact location(s) and size on the manikin(s).) Unknown 2a. Do you know what caused your (his/her) injury(s)?	 6. Did you (he/she) suffer any joint sprains or strains? ⋈ No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), ar go to question 6a.) [] Unknown 	
[] No ├──] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown	6a. Do you know what caused the injury(s)?[] No[] Yes (If "Yes", specify the component(s) manikin(s).)[] Unknown	on the
 3. Did you (he/she) experience any broken bones? □ No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown 	 7. Did you (he/she) receive treatment for your (injury(s)? ⋈ No (If "No", go to question 8) [] Yes (If "Yes", go to question 7a) 	his/her
3a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown	facility:)_ [] Paramedics or first aid at the scene?	name):
 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) [] Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) [] Unknown 	[] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released 1 emergency room? [] No (If "No", go to question 7c.)	from th
4a. Do you know what caused the injury(s)?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown	[] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.)	
 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) [] Unknown 	7d. How many days were you (was he/she) in the	hospita

Primary Sampling Unit Number NCST Case Number - Stratum OCCUPANT INJURY DATA	3. Vehicle Number 4. Occupant Number 0 0	
OCCUPANT INJURY DATA	4. Occupant Number	-
	QUESTIONS (CONTINUED)	
treatment? [X] No [] Yes (If "Yes", describe:) [] Unknown 2f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? [] No [] Yes (If "Yes", mail or present the form for	8. Have you (he/she) lost any days from work or sch (college)? [] No [] Yes (If "Yes", determine the number of days I (Specify:) [X] Not working prior to the accident [] Unknown	
signature.)		
÷		

ational Accident Sampling System-Crashworthiness Data	_ /
	hicle Number O
	ccupant Number <u>0 3</u>
OCCUPANT DATA QUE	ESTIONS SUPPLEMENT
Who was the next occupant in your vehicle at the time of the accident?	5d. Were you (Was he/she) ⊠ Sitting upright or [] Leaning to left side, or [] Leaning to right side?
	OCCUPANT EJECTION
2. Occupant Number 3 of 4.	6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [] No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown
Where were you (was this person) sitting? (Circle seating positions)	6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No [] Yes (Describe:)
[12] [13] (121) [22] [23]	
[31] [32] [33]	OCCUPANT RESTRAINT
OCCUPANT CHARACTERISTICS 4. Can I have your (his/her) height, weight, age, and sex?	 7. Were you (Was he/she) wearing a seat belt just before the accident? [] No (If "No", go to question 8) [※] Yes
•	[] Unknown
Height 5/0" Weight /45 Age /4 Sex: Male [] Female OCCUPANT POSTURE	7a. Were you (Was he/she) wearing the [] Lap belt? [] Lap and Shoulder belt? [] Shoulder belt?
5. Can you tell me how you (he/she) was sitting in the vehicle?	7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach [X] Low on lap [] Other (specify:) [] Unknown
5a. Can you describe the location of your (his/her) feet just prior to the collision? ———————————————————————————————————	7c. Can you describe how you were (he/she was) wearing the shoulder belt? [⋈] Over the shoulder [] Under the arm [] Behind the back [] Behind the seat [] Other (specify:)
5b. Can you describe the location of your (his/her) arms?	7d. Did any part of the belt system break or tear? [➢] No [] Yes (If "Yes", describe)
	[] Unknown
5c. Was your (his/her) back resting against the seat back rest? [] No (If "No", describe the position)	OCCUPANT ENTRAPMENT 8. Were you (Was he/she) trapped in the vehicle?
[] Yes ⊠] Unknown	[X] No [] Yes (If "Yes", describe)
	[] Unknown

PSU Number NCSI

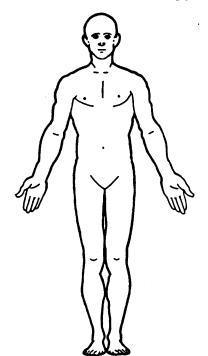
Case Number – Stratum 9304

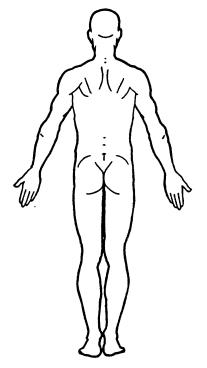
Vehicle Number <u>O /</u> Occupant Number <u>O 3</u>

INJURY DATA FROM INTERVIEWEE(S)

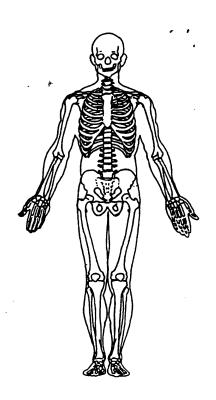
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Driver Mather

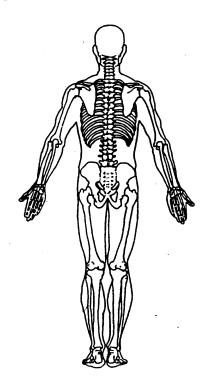
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





tional Accident Sampling System-Crashworthiness Data	System: Interview Form Page 3
. Primary Sampling Unit Number NCSI	3. Vehicle Number
. Case Number - Stratum 9304	4. Occupant Number <u>0 3</u>
OCCUPANT INJURY	DATA QUESTIONS
Were you (Was he/she) injured? No (If "No", go to next occupant. Stop if no other occupant.) Yes (If "Yes", complete Occupant Injury Questions) Unknown	 5a. Do you know what caused this injury? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown
2. Did you (he/she) receive any cuts, abrasions, or bruises? [] No (go to question 3) [] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [] Unknown	 6. Did you (he/she) suffer any joint sprains or muscle strains? [] No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) [] Unknown
2a. Do you know what caused your (his/her) injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown 3. Did you (he/she) experience any broken bones?	6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown
[] No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown	7. Did you (he/she) receive treatment for your (his/her) injury(s)? No (If "No", go to question 8) Yes (If "Yes", go to question 7a)
 3a. Do you know what caused the injury(s)? No Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) Unknown 4. Did you (he/she) injure your (his/her) head? No (If "No", go to question 5) Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) Unknown 	7a. Were you (Was he/she) treated by: [] Hospital/trauma center? (specify hospital name): [] Medical clinic [] Out patient surgery? (specify medical facility:) [] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.)
4a. Do you know what caused the injury(s)?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown	[] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.)
 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the maribia(s), and then go to question 5a.) 	7d How many days were you (was he/she) in the hospital

[] Unknown

onal Accident Sampling System-Crashworthiness Data	System: Interview Form	Page		
Primary Sampling Unit Number NCST	3. Vehicle Number	01		
. Case Number - Stratum 9 3 0 4	4. Occupant Number	03		
OCCUPANT INJURY DATA	QUESTIONS (CONTINUED)			
e. Have you (Has he/she) received any follow-up treatment? No [] Yes (If "Yes", describe:) [] Unknown	8. Have you (he/she) lost any days from work or so (college)? [] No [] Yes (If "Yes", determine the number of day (Specify:) [] Not working prior to the accident [] Unknown			
f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? [] No [] Yes (If "Yes", mail or present the form for signature.)				
. +				

Case Number - Stratum $\frac{9}{3}$ 0 4 4. Oc	cupant Number 0 4
OCCUPANT DATA QUE	ESTIONS SUPPLEMENT
Who was the next occupant in your vehicle at the time of the accident?	5d. Were you (Was he/she) [➢] Sitting upright or [] Leaning to left side, or [] Leaning to right side?
	OCCUPANT EJECTION
Occupant Number of	6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [☒ No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown
Where were you (was this person) sitting? (Circle seating positions)	6a. Can you remember what part of the vehicle you wer (he/she was) thrown out? [] No [] Yes (Describe:)
[12] [13] [21] [22] [23]	
[31] [32] [33]	OCCUPANT RESTRAINT
Other (specify:)	7. Were you (Was he/she) wearing a seat belt just before the accident?
OCCUPANT CHARACTERISTICS	[] No (If "No", go to question 8)
. Can I have your (his/her) height, weight, age, and sex?	[X] Yes [] Unknown
Height $\frac{5^{7}}{7}$ Weight $\frac{150}{150}$ Age $\frac{12}{150}$	7a. Were you (Was he/she) wearing the
Sex: [] Female	[] Lap belt? [⋉] Lap and Shoulder belt? [] Shoulder belt?
OCCUPANT POSTURE 6. Can you tell me how you (he/she) was sitting in the vehicle?	7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach [ズ] Low on lap [] Other (specify:) [] Unknown
a. Can you describe the location of your (his/her) feet just prior to the collision?	7c. Can you describe how you were (he/she was) wearing the shoulder belt? [X] Over the shoulder [] Under the arm
unknown	[] Behind the back [] Behind the seat [] Other (specify:)
b. Can you describe the location of your (his/her) arms?	7d. Did any part of the belt system break or tear? [>] No [] Yes (If "Yes", describe)
	[] Unknown
c. Was your (his/her) back resting against the seat back rest?	
[] No (If "No", describe the position)	8. Were you (Was he/she) trapped in the vehicle?
Yes	[×] No [] Yes (If "Yes", describe)

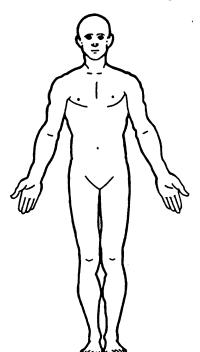
PSU Number NCSI

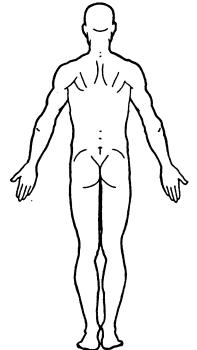
Case Number – Stratum 9 3 0 4 Vehicle Number 0 1 Occupant Number 0 4

INJURY DATA FROM INTERVIEWEE(S)

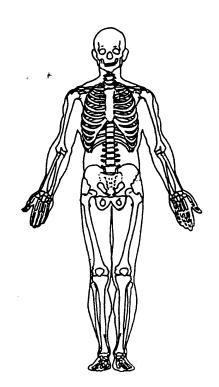
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Driver / Mother

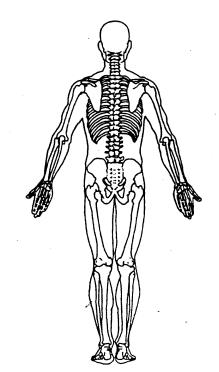
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





tional Accident Sampling System-Crashworthiness Data	System: Interview Form Page 3. Vehicle Number
. Primary Sampling Unit Number $\underline{\mathcal{N} \subset SI}$	
. Case Number - Stratum 9 3 0 4	4. Occupant Number
OCCUPANT INJURY	DATA QUESTIONS
1. Were you (Was he/she) injured? No (If "No", go to next occupant. Stop if no other occupant.) [] Yes (If "Yes", complete Occupant Injury Questions) [] Unknown	5a. Do you know what caused this injury?[] No[] Yes (If "Yes", specify the component(s) on the manikin(s).)[] Unknown
2. Did you (he/she) receive any cuts, abrasions, or bruises? [] No (go to question 3) [] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [] Unknown	6. Did you (he/she) suffer any joint sprains or muscle strains? [] No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and ther go to question 6a.) [] Unknown
2a. Do you know what caused your (his/her) injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown	6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown
 3. Did you (he/she) experience any broken bones? [] No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown 	7. Did you (he/she) receive treatment for your (his/herinjury(s)? No (If "No", go to question 8) Yes (If "Yes", go to question 7a)
3a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown	7a. Were you (Was he/she) treated by: [] Hospital/trauma center? (specify hospital name) [] Medical clinic [] Out patient surgery? (specify medic facility:)
 4. Did you (he/she) injure your (his/her) head? [] No (If "No", go to question 5) [] Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) [] Unknown 	 [] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the emergency room? [] No (If "No", go to question 7c.)
 4a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown 	[] Yes (If "Yes", go to question 7e.) 7c. Were you (Was he/she) hospitalized? [] No (If "No"/give an explanation) [] Yes (If "Yes", go to question 7d.)
 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) 	

the manikin(s), and then go to question 5a.)

[] Unknown

nal Accident Sampling System-Crashworthiness Data	System: Interview Form	Page
Primary Sampling Unit Number NC SI	3. Vehicle Number	0/
Case Number - Stratum 9304	4. Occupant Number	04
OCCUPANT INJURY DATA	QUESTIONS (CONTINUED)	
	8. Have you (he/she) lost any days from w	ork or school
e. Have you (Has he/she) received any follow-up treatment? No	(college)? [] No [] Yes (If "Yes", determine the number	
[] Yes (If "Yes", describe:)	(Specify:) [] Not working prior to the accident	
[] Unknown	[] Unknown	
f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you		
(he/she) sign a medical release form? [] No [] Yes (If "Yes", mail or present the form for		
signature.)		
		,
• •		
. *		
		•

U.S. Department of Transportation	'n
National Highway Traffic Safety	
Administration	

GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 2. Case Number - Stratum 3. Vehicle Number 2. Case Number 9 3 0 4 0 3	11. Police Reported Alcohol Presence (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown
4. Vehicle Model Year Code the last two digits of the model year (99) Unknown	Note: See variables 37 through 55 (Page 4) for information on Other Drugs 12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown	(95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source: PAR
6. Vehicle Model (specify): Sundance Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown	ACCIDENT RELATED 13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown
7. Body Type Note: Applicable codes may be found on the back of this page.	45 mph X 1.6093 = 72 kph 14. Attempted Avoidance Maneuver (00) No impact (01) No avoidance actions
8. Vehicle Identification Number 3 P 3 X P 6 4 Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's	(02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating
9. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	(11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown
10. Police Reported Travel Speed 999 Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown mph X 1.6093 =kph	15. Accident Type Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown
**** SKIP TO VARIABLE GV37 IF (GV07 DOES NOT EQUAL 01-49 ****

P	90	18	2

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

	OCCUPANT RELATED	24. Rollover	
		(0) No rollover (no overturning)	
16.	Driver Presence in Vehicle (0) Driver not present		١
ı	(1) Driver present	Rollover (primarily about the longitudinal axis)	
	(9) Unknown	(1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns	١
		(3) Rollover, 3 quarter turns	-
17.	Number of Occupants This Vehicle	(4) Rollover, 4 or more quarter turns (specify):	
	(00-96) Code actual number of occupants for this vehicle		١
	(97) 97 or more	(5) Rolloverend-over-end (i.e., primarily	1
	(99) Unknown	about the lateral axis)	١
	Number of Occupant Forms Submitted O	(9) Rollover (overturn), details unknown	١
18.	Number of Occupant Forms Submitted		
	VEHICLE WEIGHT ITEMS	OVERRIDE/UNDERRIDE (THIS VEHICLE)	4
19.	Vehicle Curb Weight	25. Front Override/Underride (this Vehicle)	
	Code weight to nearest 10 kilograms. (045) Less than 450 kilograms	26. Rear Override/Underride (this Vehicle)	
	(610) 6,100 kilograms or more	(0) No override/underride, or	
	(999) Unknown	not an end-to-end impact	
	$-\frac{2}{6}$, 6 1 7 lbs X .4536 = $\frac{1}{2}$, $\frac{8}{2}$ kgs	Override (see specific CDC)	
	Source: MVMA	(1) 1st CDC	
		(2) 2nd CDC	١
20.	Vehicle Cargo Weight O, O O	(3) Other not automated CDC (specify):	
	Code weight to nearest		
	10 kilograms. (000) Less than 5 kilograms	Underride (see specific CDC)	
	(450) 4,500 kilograms or more	(4) 1st CDC (5) 2nd CDC	
	(999) Unknown	(6) Other not automated CDC (specify):	
	,lbs X .4536 =,kgs		
	RECONSTRUCTION DATA	(7) Medium/heavy truck or bus override	
21.	Towed Trailing Unit	(9) Unknown	
-"	(0) No towed unit		
İ	(1) Yes—towed trailing unit (9) Unknown	HEADING ANGLE AT IMPACT FOR	
		HIGHEST DELTA V	
22	Documentation of Trajectory Data	Values: (000)-(359) Code actual value	
	for This Vehicle \mathcal{L}	(997) Noncollision	
	(0) No (1) Yes	(998) Impact with object (999) Unknown	
		(555) OHRHOWH	
23	Post Collision Condition of Tree or Pole	27. Heading Angle For This Vehicle	-
	(For Highest Delta V) (O) Not collision (for highest delta V) with	28. Heading Angle For Other Vehicle / 8 7	
1	tree or pole	zor riodding ringio ro. Otto: romore	-
	(1) Not damaged (2) Cracked/sheared		
	(3) Tilted <45 degrees		
1	(4) Tilted ≥45 degrees		
ı	(5) Uprooted tree (6) Separated pole from base		
ı	(7) Pole replaced		
	(8) Other (specify):		
1	(9) Unknown	1	

Page 3

29. Basis for Total Delta V (highest)	Secondary Highest
29. Basis for Total Delta V (highest)	32. Lateral Component of Delta V 9 9 9
Delta V Calculated	
(1) CRASH program—damage only routine	999 Nearest kph <u>5 KPH</u>
(2) CRASH program—damage and trajectory	MOTE: 000 means greater than
routine	(NOTE:000 means greater than -0.5 kph and less than +0.5 kph)
(3) Missing vehicle algorithm	(±160) ±159.5 kph and above
Delta V Not Calculated	(999) Unknown
(4) At least one vehicle (which may be this	
vehicle) is beyond the scope of an acceptable	0000
reconstruction program, regardless of	33. Energy Absorption 9999, 900
collision conditions.	999 Nearest 100 joules 2003
(5) All venicles within scope (CDC applicable)	144 (Vedrest 100 Judies 4000)
(5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH	(NOTE: 0000 means less than 50 joules)
Approgram or other acceptable reconstruction	(9997) 999,650 joules or more
technique, regardless of adequacy of damage 🐭	(9999) Unknown
ູ່ 🔑 😘 data.	
10/ / 10/11/01/01/01/01/01/01/01/01/01/01/01/0	34. Confidence In Reconstruction Program
scope of one of the acceptable reconstruction programs, but there is insufficient data	Results (For Highest Delta V)
available.	(0) No reconstruction
A Adiidhie:	(1) Collision fits model — results appear
COMPUTER GENERATED DELTA V	reasonable
CONIPOTEN GENERATED DELTA V	(2) Collision fits model — results appear high
Secondary Highest	 (3) Collision fits model — results appear low (4) Borderline reconstruction — results appear
0.00	reasonable some snasa in accurred
30. Total Delta V	reasonable some snasging occurred for second highest AV
999 Nearest kph 30 KPM	1
111 Mediest Khii	35. Type of Vehicle Inspection (0) No inspection
(NOTE: 000 means less than	(1) Complete inspection
0.5 kph)	(2) Partial inspection (specify):
(160) 159.5 kph and above	
(999) Unknown	
	36. Is this an AOPS Vehicle?
31. Longitudinal Component of +	(0) No
Delta V	(1) Yes - researcher determined
499 Normalist - 39 VIII	(2) VIN determined air bag system
999 Nearest kph -29 KPH	(3) VIN determined automatic (passive) belts
(NOTE:000 means greater than	(4) VIN determined air bag and automatic
-0.5 kph and less than +0.5 kph)	(passive) belts
(± 160) ± 159.5 kph and above	
(999) Unknown	
<i>i</i>	
IS OLDMISS APPLICABLE FOR	THIS VEHICLE? [] YES [-YNO
IE VEG. IS A COMDIETED OF DMISS DROGR	AM SUMMARY INCLUDED? [] VES [/] NO

37.	Police Reported Other Drug Presence (0) No other drugs present (1) Yes (other drug present)	ユー	DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER
	(7) Not reported (8) No driver present		DEC Specimen Test Test Results Results
38.	(9) Unknown Police Reported Drug Evaluation Classification (DEC) Test For Driver	<u>O</u>	Narcotic Drug 40. ○ 41. ○ Depressant Drug 42. ○ 43. ○ Stimulant Drug 44. ○ 45. ○ Hallucinogen Drug 46. ○ 47. ○ Cannabinoid Drug 48. ○ 49. ○
	 (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if given (8) No driver present 		Phencyclidine (PCP) 50. 0 51. 6 Inhalant Drug 52. 0 53. 0 S5
			Codes For DEC Test Results
39.	Other Drug Specimen Test Type For Driver (0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify):	0	 (0) No DEC test given (1) Passed DEC test (2) Failed DEC test (3) DEC test given—results unknown (8) No driver present (9) Unknown if DEC test given
	(7) Unspecified specimen test(8) No driver present(9) Unknown if specimen test given		Codes for Specimen Test Results
			 (0) No specimen test given (1) Drug not found in specimen (2) Drug found in specimen (7) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given
ļ <u>.</u>			
			•

OTHER DATA	61. Rollover Initiation Object Contacted <u>0</u> <u>3</u>
56. Driver's Zip Code	<u> </u>
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown 63. Direction of Initial Roll
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance (7) Fire truck or car (8) Other (specify): (9) Unknown	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction PRECRASH DATA 64. Pre-Event Movement (Prior to Recognition of Critical Event)
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	(98) No driver present (99) Unknown

PRECRASH DATA (Continued)

Pedestrian or Pedalcyclist, or Other Nonmotorist Critical Precrash Event 65: (80) Pedestrian in roadway (81) Pedestrian approaching roadway This Vehicle Loss of Control Due To: (82) Pedestrian - unknown location (01) Blow out or flat tire 🗟 (02) Stalled engine (specify): (03) Disabling vehicle failure (e.g., wheel fell off)

(specify): (04) Non-disabling vehicle problem (e.g., hood flew up) (specify):

(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify):

(06) Traveling too fast for conditions

(08) Other cause of control loss (specify):

(09) Unknown cause of control loss

This Vehicle Traveling

(10) Over the lane line on left side of travel lane

(11) Over the lane line on right side of travel lane (12) Off the edge of the road on the left side

(13) Off the edge of the road on the right side

(14) End departure

(15) Turning left at intersection

(16) Turning right at intersection

(17) Crossing over (passing through) intersection

(19) Unknown travel direction

Other Motor Vehicle In Lane

(50) Stopped

(51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)

(52) Traveling in same direction with higher speed

(53) Traveling in opposite direction

(54) In crossover

(55) Backing

(59) Unknown travel direction of other motor vehicle

Other Motor Vehicle Encroaching Into Lane

(60) From adjacent lane (same direction)—over left lane line

(61) From adjacent lane (same direction) - over right

(62) From opposite direction—over left lane line

(63) From opposite direction—over right lane line

(64) From parking lane

(65) From crossing street, turning into same direction

(66) From crossing street, across path

(67) From crossing street, turning into opposite direction

(68) From crossing street, intended path not known

(70) From driveway, turning into same direction

(71) From driveway, across path

(72) From driveway, turning into opposite direction

(73) From driveway, intended path not known

(74) From entrance to limited access highway

(78) Encroachment by other vehicle—details unknown

(83) Pedalcyclist or other nonmotorist in roadway

(84) Pedalcyclist or other nonmotorist approaching roadway (specify):

(85) Pedalcyclist or other nonmotorist-unknown location (specify):

Object or Animal

(87) Animal in roadway

(88) Animal approaching roadway

(89) Animal—unknown location

(90) Object in roadway

(91) Object approaching roadway

(92) Object-unknown location

(98) Other critical precrash event (specify):

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attemped Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver

(O) No avoidance maneuver

(1) Tracking

(2) Skidding longitudinally-rotation less than 30 degrees

(3) Skidding laterally—clockwise rotation

(4) Skidding laterally—counterclockwise rotation

(7) Other vehicle loss-of-control (specify):

(8) No driver present

(9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action)

(0) No avoidance maneuver

(1) Vehicle stayed in travel lane where avoidance maneuver was initiated

(2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated

(3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated

(4) Vehicle departed roadway

(5) Avoidance maneuver initiated off roadway

(8) No driver present

(9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35=0), DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

> IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *** THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



'`U.S. Department of Transportation

' National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER
1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form	10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct
4. Vehicle Number 5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable 6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection — under repair (03) Partial inspection — repair (04) Partial inspection — other (specify): (05) Vehicle cannot be located (06) Vehicle destroyed (07) Vehicle outside of study area	11. Reason(s) Program Results Dropped Or Changed a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight e. Improved PDOF f. CDC g. Trajectory data h. Damage data i. Heading angle for Oldmiss a b c d e f g h i (Blank) Correct or no reconstruction
(08) Vehicle impounded (09) Vehicle sold (10) Hit and run vehicle (11) Owner could not be located (12) Owner refusal (13) Insurance company refusal (14) Attorney refusal or litigation (15) Repair or tow facility refusal (16) Stolen (17) Wrong name and address on PAR (18) Caseload / staff turnover (19) Other (specify):	(1) Incorrect DATA STATUS OF VARIABLE NUMBERS 3-67 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
7. Knowledge Of Highest Delta V Results Known (01) CRASH-PC damage only (02) CRASH-PC damage and trajectory (03) OLDMISS (completed by Zone Center) Unknown (04) Rollover	25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46
(05) Other non-horizontal force (06) Sideswipe type damage / severe override (07) Vehicle out of scope / pedestrian (08) Yielding object (09) Overlapping damage (10) Insufficient data (11) Other (specify):	47 48 49 50 51 52 53 54 55 56 57
(12) OLDMISS form - pending review by Zone Center 8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes - but deemed invalid due to \$ 100	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG



U.S. Department of Transportation

National Highway Traffic Safety Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	NCSI	3. Vehicle Number	<u> </u>
2. Case Number - Stratum	9304		

2. Case Number - St	ratum <u>9304</u>					
VEHICLE IDENTIFICATION						
VIN 3 P 3 X P 6 4 K Model Year 9 2 Vehicle Make (specify): Plymouth Vehicle Model (specify): Sundance						
	LOCATOR					
Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.						
Specific Impact No.	Location of Direct Damage	Location of Field L				
	-1101 6 1500 1 113					
2	Frontal Plane - From LFBC inboard 13 am	BC to BC				
d	Frontal Plane - From LFBC inboard 13 cm Contact down L side 40 cm rearward of					
d 3						

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

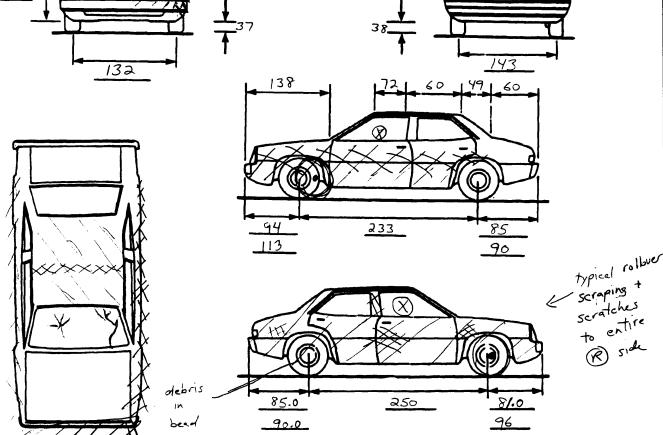
Use as many lines/columns as necessary to describe each damage profile.

Ose as many lines/columns as necessary to describe each damage prome.											
Specific Impact Number	Plane of Impact C-Measurements	Direct D Width (CDC)	amage Max Crush	Field	C ₁	C ₂	C ₃	C ₄	C₅	C _e	±D
a	F. bumper		C,	141.2	19.0	7.0	2.0	O,	1.8	9.5	Ø
	less fis				9.5	1.8	0	0	1.8	9.0	
	Result				9.5	5.2	2.0	0	0	6	
	Contact down	left sile	at c,	حز	373						
3	R side	436	15 cm	436		Estent	ZUNE.	R R	ollover		
4	Top		3.5 cm								
	,										

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	_97.0	inches	x 2.54	=	$\underline{2} \underline{4} \underline{6} $ cm
Overall Length	171.7	inches	x 2.54	=	<u>436</u> cm
Maximum Width	_67.3	inches	x 2.54	=	
Curb Weight	2,617	pounds	x .4536	; =	<u>/, / 8 7 kg</u>
Average Track	57.4	inches	x 2.54	=	<u>/ 4 6</u> cm
Front Overhang		inches	x 2.54	=	<u>/ o o</u> cm
Rear Overhang		inches	x 2.54	=	$\underline{}$ $\underline{}$ $\underline{}$ $\underline{}$ cm
Undeformed End Width		inches	x 2.54	=	cm
Engine Size: cyl./displ.		СС	x .001	=	L
I-4		CID	x .0164	-	<u>2.2</u> L

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form VEHICLE DAMAGE SKETCH WHEEL STEER ANGLES TIRE-WHEEL DAMAGE **ORIGINAL SPECIFICATIONS** (For locked front wheels or a. Rotation physically b. Tire displaced rear axles only) restricted deflated Wheelbase cm RF ± ___ 0 LF ± <u>+0.5</u> 0 **Overall Length** cm RF 2 171 LF RR ± _____ LF Maximum Width cm RR **Curb Weight** kg Within ± 5 degrees 146 cm Average Track (1) Yes (2) No (8) NA (9) Unk. **DRIVE WHEELS** 100 Front Overhang cm 96 ☑ FWD □ RWD □ 4WD Rear Overhang cm TYPE OF TRANSMISSION **Undeformed End Width** cm **Approximate** ∠ Automatic Engine Size: cyl./displ. I-4 2.2 Cargo Weight kg ☐ Manual **MEASUREMENTS IN CENTIMETERS**



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

	CDC WORKSHEET							
	CODES FOR OBJECT CONTACTED							
(01-30)	- Vehicle Nu	mber		•	7) Fence			
Noncoll	sion			•	3) Wall 9) Building			
	Overturn — ro	llover			D) Ditch or	culvert		
	Fire or explosi				1) Ground	Cuivert		
	Jackknife	011		•	2) Fire hydr	rant		
		t damage (specif	fy):		3) Curb			
			•	(64	4) Bridge			
	Noncollision in			_ (6)	B) Other fix	ced object (s	specify):	
(38)	Other noncolli	sion (specify):		_ (6:	9) Unknow	n fixed obje	ct	
(39)	Noncollision -	 details unknow 	vn	_				
					sion with No			
	With Fixed O				1) Motor ve		-transport	
	Tree (≤ 10 cr			•	2) Pedestria			
	Tree (> 10 cr Shrubbery or				3) Cyclist o		r conveyand	••
	Embankment	busn		(7)	4) Other no	minotorist o	or Conveyance	, G
(/	Lindankinoit			(7)	5) Vehicle	occupant		
(45)	Breakaway po	le or post (any o	diameter)		6) Animal	o o o o p a o		
, ,					7) Train			
Nonbre	akaway Pole o	r Post				disconnected	d in transpoi	rt
(50)	Pole or post (≤ 10 cm in dian	neter)	(8	8) Other no	onfixed obje	ct (specify):	
(51)		> 10 cm but ≤	30 cm in					
	diameter)			(8	9) Unknow	n nonfixed	object	
		> 30 cm in dian diameter unknov		19	8) Other ev	ent lenecify	/)•	
	-		V11)					
	Concrete traff			(9	9) Unknow	n event or o	pbiect	
	Impact attenu	STAF					- +	1 . 1 . 4
	Other traffic l		auardrail)	127 000	represent	s damage	to Fronta	1 + Left
(00)		parrier (includes	guardrail)	1st cdo	represent	s damage	to Fronte	1 + Left snapsins
	Other traffic to (specify):		guardrail)	1st cdc Plara -	represent	s damage	to Fronte	1 + Left snagging present
		parrier (includes		1st cdo Plara - SIFICATION E		s damage	to Fronte	1 + Left snagging present
		parrier (includes			BY EVENT N	danasc wows impla	to Fronte	l + Left snagging present
Accident	(specify):	parrier (includes				s damage	to Fronta	
Accident Event	(specify):	DEFORMA (1) (2) Direction	TION CLASS	SIFICATION E	3Y EVENT N (4) Specific Longitudinal	UUMBER (5) Specific Vertical or	to Fronte	(7)
Accident Event Sequence	(specify):	DEFORMA (1) (2) Direction of Force	TION CLASS Incremental Value of	GIFICATION E (3) Deformation	(4) Specific Longitudinal or Lateral	UUMBER (5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
Accident Event Sequence Number	(specify):	DEFORMA (1) (2) Direction of Force (degrees)	TION CLASS	(3) Deformation Location	3Y EVENT N (4) Specific Longitudinal	UUMBER (5) Specific Vertical or	(6) Type of Damage Distribution	(7) Deformation Extent
Accident Event Sequence Number	Object Contacted	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	UMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage	(7) Deformation Extent O 9
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2
Accident Event Sequence Number	Object Contacted	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	UMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2
Accident Event Sequence Number	Object Contacted 3 1	DEFORMA (1) (2) Direction of Force (degrees) 3 5 0	Incremental Value of Shift	(3) Deformation Location	(4) Specific Longitudinal or Lateral Location	IUMBER (5) Specific Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent O 9 O 2

		COLLISION	DEFORMA	HON CLAS	SIFICATIO	IN .	
HIGHEST	DELTA "V"						
Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>0</u> 2	5. 0 3	6. / 2	7. <u> </u>	8. <u> </u>	9. <u> </u>	10. <u>E</u>	11.09
Second Hi	ghest Delta "V	n					
12.03	13. 3 [14. 0 0	15. <u>R</u>	16. <u>D</u>	17. <u>A</u>	18. <u>Ø</u>	19. 02
		CRUS	H PROFILE	IN CENTIM	ETERS		
			mage described below. (ALL N				ed
HIGHEST	DELTA "V"						
20. 	21. 				C ₆	C ₆	22.
141		5				_0	<u>-</u>
Second Hi	ighest Delta "V	ı m					
23. L	24. <u>C</u> 1				С	C ₆	25. +
but Not	Cs Documented Coded on The ted File?	1 8	Researcher's As of Vehicle Dispo (0) Not towed d vehicle dama (1) Towed due t vehicle dama (9) Unknown	esition ue to age	<u> </u>	al Wheelbase _Code to the nearest centime Jnknown	<u>246</u>
				_97	inches X 2.	54 = <u>246</u>	centimeters

	•	
Page	5	

National	Accident	Sampling	System-Crashworthiness	Data System:	: Exterior Vehicle For	m

.

13. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (1) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify):							
(8) Other location (specify): (9) Unknown 32. Type of Fuel Tank (1) Medical (1) Medical (2) Major (2) Major (9) Unknown 32. Type of Fuel Tank (1) Medical (2) Non-metallic (2) Non-metallic (9) Unknown *** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOF (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FOR	Or A Certo post mes - post pecify):	nanufacturer t manufacturer t moutacture photograph of in case repo	d Vehicle? modifications er modifications f CERTIFICATION ort)		(0) (1) (2) (3) (4) (5)	No fire Vehicle exterior (front, side, back, top) Exhaust system Fuel tank (and other fuel retention system parts) Engine compartment Cargo/trunk compartment Instrument panel	<u>o</u>
Yes, fire occurred (1) Minor (2) Major (9) Unknown ** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOF (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FOR				0	(8)	Other location (specify):	
(1) Minor (2) Major (9) Unknown (9) Unknown (1) Metallic (9) Unknown (1) Metallic (1) Mon-metallic (1) Mon-metallic (2) Non-metallic (3) Unknown (1) Unknown (1) Western with the second of the second		ce			(9)) Unknown	,
(I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FOR	linor Iajor				(0) (1) (2)) No fuel tank (electrical vehicle)) Metallic) Non-metallic	



U.S. Department of Transportation

National Highway Traffic Safety

EXTERIOR VEHICLE LOG

TO BE COMPLETED BY TEAM	
1. PSU Number 2. Case Number—Stratum 3. Recoverber Completing Form	13. Number of Coded CDCs (0,1,2) 14. Number of Coded Crush Profiles (0,1,2)
3. Researcher Completing Form4. Vehicle Number2	
5. Date Vehicle Inspected 193	DATA STATUS OF VARIABLE NUMBERS 4-32
o. Date veilide inspected	Highest CDC
TO BE COMPLETED BY ZONE CENTER	4 5 6 7 8 9 10 11
6. Applicable Precrash Measurements (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard	Secondary CDC
7. Impact Damage Documentation (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard	12 13 14 15 16 17 18 19
8. Quality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard - beyond researcher control (2) Substandard (3) Standard	20 21 22
9. Number of Exterior Vehicle Slides	Secondary Crush Profile 23 24 25
10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard	
11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard	26 27 28 29 30 31 32
12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify):	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded

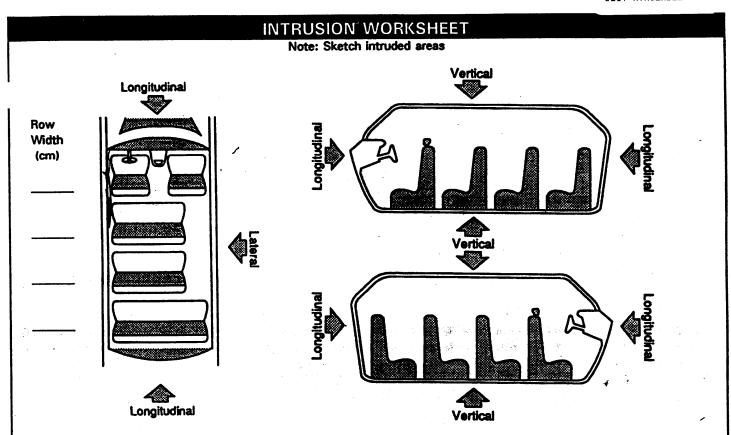


U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

No CT	GLAZING
1. Primary Sampling Unit Number $NCST$	Glazing Damage from Impact Forces
2. Case Number - Stratum 9304	15. WS 2 16. LF 6 17. RF 6 18. LR 0 19. RR 0
3. Vehicle Number <u>0 2</u>	20. BL \bigcirc 21. Roof $\underline{\&}$ 22. Other $\underline{\&}$
INTEGRITY	
4. Passenger Compartment Integrity (00) No integrity loss	 (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from impact forces
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door)	 (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident (8) No glazing
(O4) Roof	(9) Unknown if damaged
(05) Roof glass (06) Side window	
(07) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)	23. WS 2 24. LF 2 25. RF 2 26. LR 2 27. RR
(10) Windshield and roof	
(11) Side and rear window (side window and backlight)	28. BL ○ 29. Roof ○ 30. Other ○ .
(12) Windshield and side window	(0) No occupant contact to glazing or no glazing
(13) Door and side window (98) Other combination of above (specify):	(1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact
(99) Unknown	(3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact (5) Glazing out-of-place by occupant contact and holed by
Door, Tailgate or Hatch Opening	occupant contact (6) Glazing disintegrated by occupant contact
5. LF $\frac{3}{6}$ 6. RF $\frac{1}{2}$ 7. LR $\frac{6}{2}$ 8. RR $\frac{6}{2}$ 9. TG/H $\frac{1}{2}$	(9) Unknown if contacted by occupant
(O) No door/gate/hatch	If No Glazing Damage <i>And</i> No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As Ø
(1) Door/gate/hatch remained closed and operational	Gidzing/ Their Code to the same against the p
(2) Door/gate/hatch came open during collision	
(3) Door/gate/hatch jammed shut	Type of Window/Windshield Glazing
(8) Other (specify):	31. WS / 32. LF 2 33. RF 2 34. LR 0 35. RR 0
(9) Unknown	
	36. BL ○ 37. Roof ○ 38. Other ○
Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø 10. LF ○ 11. RF ○ 12. LR ○ 13. RR ○ 14. TG/H ○	 (0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated (2) AS-2 — Tempered (3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic
(0) No door/gate/hatch or door not opened	(8) Other (specify):
	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision (1) Door operational (no damage)	Window Precrash Glazing Status
(2) Latch/etriker failure due to damage	
(3) Hinge failure due to damage	39. WS $\frac{1}{2}$ 40. LF $\frac{1}{2}$ 41. RF $\frac{1}{2}$ 42. LR $\frac{1}{2}$ 43. RR $\frac{1}{2}$
(4) Door structure failure due to damage (5) Door support (i.e., pillar, sill, roof side rail,	44. BL <u>O</u> 45. Roof <u>O</u> 46. Other <u>O</u>
etc.) failure due to damage (6) Latch/striker and hinge failure due to damage	
(8) Other failure (specify):	(0) No glazing contact and no damage, or no glazing (1) Fixed
(Q) Unknown	(2) Closed
(9) Unknown	(3) Partially opened (4) Fully opened
•	(9) Unknown



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All I COMPARISON VALUE	Moasu —	Introduction in Celebrater Introduction Introduction Interest Inte	ntimeters) =	INTRUSION	DOMINANT CRUSH DIRECTION
11	10	62.5	_	60.0	=	2.5	lat.
21	07	67.5	_	53. <i>5</i>	=	14.0	lat
21	10	67.0	-	56.0	=	//.0	lat
			_		=		
		•	_		=		
			_		=		
			_		=		
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				• (: " : =		
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			_	,	=		
			_		=		
					=		
	·		_	<u> </u>	=		
	-		_		=		

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

************		•		
	Location of Intrusion		Magnitude of Intrusion	Dominant Crush Direction
1st	47. 2 1	48. 0 7	49. <u>2</u>	50. 3
2nd	51. <u>2</u> /	52. <u> </u> O	<u>53.∠</u>	54 . <u>3</u>
3rd	55	56	57	58.
4th	59	60	61	62
5th	63	64	65	66
6th	67	68	69	70
7th	71	72	_ 73	74
8th	75	76	_ 77	78
9th	79	80	_ 81	82
10th	83	84	_ 85	86

LOCATION OF INTRUSION

Front Seat	Fourth Seat
(11) Left	(41) Left
(12) Middle	(42) Middle
(13) Right	(43) Right
Second Seat	(97) Catastrophic
(21) Left	(98) Other enclosed
(22) Middle	area (specify)
(23) Right	
•	(99) Unknown

Third Seat

- (31) Left
 - (32) Middle
 - (33) Right

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
 - (20) Second seat back
- (21) Third seat back
 - (22) Fourth seat back
 - (23) Fifth seat back
 - (24) Seat cushion
 - (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):
 - (27) Side panel forward of the A (A2)-pillar
 - (28) Side panel rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) \geq 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- $(3) \ge 15$ centimeters but < 30 centimeters
- $(4) \ge 30$ centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) \geq 61 centimeters
- (7) Catastrophic
- (9) Unknown

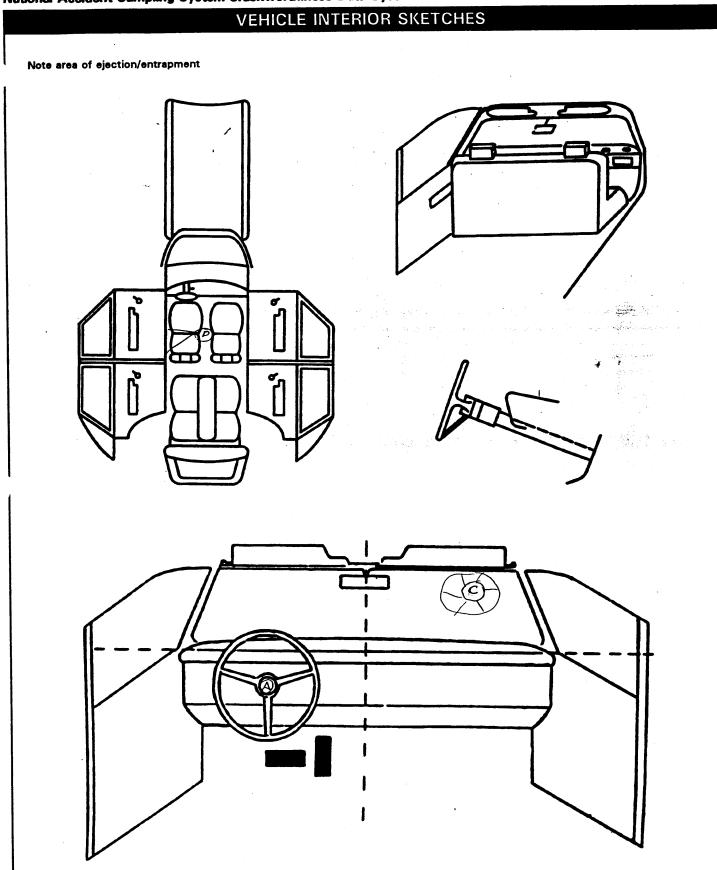
DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

	STEERING	RIM/SPOKE DEFO	DRMATION	
	(All R	feasurements Are in Centime	eters)	
COMPARISON VALU	JE –	DAMAGE VALUE	= DEFORM	MATION
	_		=	
	, / _		=	

	_		=	
	No Dam	95e		
i versione service de la companya de		5 July 1844, 22 1844	Take, a series of policy of the last wear weak, the factors of the last the last of the	m - Tri ng s Haray sake sayan k
			•	

STEERING COLUMN	93. Location of Steering Rim/Spoke O O
87. Steering Column Type (1) Fixed column	(00) No steering rim deformation
(2) Tilt column (3) Telescoping column (4) Tilt and telescoping column	Quarter Sections (01) Section A (02) Section B
(4) Tilt and telescoping column (8) Other column type (specify):	(02) Section B (03) Section C (04) Section D
(9) Unknown	Half Sections
	(05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
88. Blank (This variable is left blank	(09) Complete steering wheel collapse
so that numbering consistency can be maintained with the 1988-93 CDS.	(10) Undetermined location (99) Unknown
	INSTRUMENT PANEL
89. Blank	94. Odometer Reading
(This variable is left blank so that numbering consistency	kilometers—Code to the
can be maintained with the 1988-93 CDS.	nearest 1,000 kilometers (000) No odometer
	(001) Less than 1,500 kilometers (500) 499,500 kilometers or more (999) Unknown
90. Blank (This variable is left blank	12,372 miles X 1.6093 =5, 6 12 kilometers
so that numbering consistency can be maintained with the 1988-93 CDS.	Source: Odometer
	95. Instrument Panel Damage from
91. Blank (This variable is left blank	Occupant Contact?
so that numbering consistency can be maintained with the 1988-93 CDS.	(1) Yes (9) Unknown
	96. Knee Bolsters Deformed from Occupant Contact?
92. Steering Rim/Spoke Deformation	(0) No (1) Yes
Code actual measured deformation to the nearest centimeter	(8) Not present (9) Unknown
(00) No steering rim deformation (01-14) Actual measured value in centimeters (15) 15 centimeters or more	97. Did Glove Compartment Door Open
(98) Observed deformation cannot be measured (99) Unknown	During Collision(s)?
.55.	(1) Yes (8) Not present
	(9) Unknown
1 .	



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

(1) Certain

(2) Probable

(3) Possible

(9) Unknown

		POIN	TS OF	OCCUPANT CONTAC	CT		
Contact	Interior Component Contacted	Occupant No. If Known	Bod Regid If Knov	on Supporting Ph			Confidence Level of Contact Point
Α	45	1	Face	lipstick marks (a	lipstick marks (a separate contacts) I center of beg - I lower/center		
В	45 .	,	Fáce	1 center of bes - 1	lower/	center	1
C		1	1900	Spider web fx	110 ()	15	3
D	01	,		peening on tab-	5000	totalina	• 1
	41	1	ļ	peening on 195	. 30MC 3	Tretoung	
<u>E</u>					 		
F							
G					<u> </u>		
Н					·		
ı							
J							
* K * **		5 1.04. -					
L							
M			1:			4	
N			 			,	
(05) Ste (06) Ste of (ering wheel rim ering wheel hub/spo ering wheel (combin codes 04 and 05)	nation	on fra B-	oft side window glass including see or more of the following: sme, window sill, A (A1/A2)-pillar, pillar, or roof side rail.		Other interior object	t (specify):
sele	ering column, trans ector lever, other at d on equipment (e.g	tachment		ther left side object (specify):		Front header Rear header	
dec	k, air conditioner)					Roof left side rail Roof right side rail	-
	t instrument panel a nter instrument pane		RIGHT SID (30) Ri	ght side interior surface,		Roof or convertible	top
(11) Rig	ht instrument panel	and below		ccluding hardware or armrests ght side hardware or armrest	FLOOR		
	ive compartment do se bolster	or ·		ght A (A1/A2)-pillar	(56)	Floor (including to	
(14) Wi	ndshield including or the following: front	header,		ght B-pillar ther right pillar (specify):	(57)	Floor or console m transmission lever, console	
mii sid	A1/A2)-piller, instru rror, or steering asse e only)	embly (driver	(36) Ri	ght side window glass or frame ight side window glass including	• • • •	Parking brake hand Foot controls inclu	
of	ndshield including o the following: front A1/A2)-pillar, instru	header,	fr	ne or more of the following: ame, window sill, A (A1/A2)-pillar, pillar, or roof side rail.	REAR	brake	
mii (16) Dri	rror (passenger side ver side eir bag com	only)	(37) 0	ther right side object (specify):	(60) (61)	Backlight storage	ack, door, etc
	ver ssenger side air bag		(38) Ri	ight side window sill	(02)	Other rear object (epouly).
CO	mpartment cover		INTERIOR	and bank arms and			
ob	ndshield reinforced ject (specify):_ her front object (spe		(41) B (42) B	eat, back support elt restraint webbing/buckle elt restraint B-pillar Hackmant noint		CONFIDENCE LE	
				ttachment point other restraint system component		40 O mile	711 1

(specify):_

(44) Head restraint system

compartment covers)

(45) Air bag (use codes "16" and "17"

for injuries sustained from air bag

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Assessment Form.	AIR BAGS	•
	Г		Dieba
	Availability/Eunstian /	Left /	Right
F	Availability/Function /		
Ř	Deployment		. 0
S T	Failure ~		0
Air Bag (0) ! (1) / (1) / (2) /	System Availability/Function Not equipped/not available Air bag functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	Old Air Bag System Fall? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown
		AUTOMATIC BELTS	
1 5		Left	Right
	Availability/Function	0	0
F	Use	0	0
R	Туре	0	0
S	Proper Use	0	Ø
	Failure Modes	6	0
Availab (0) (1) (2) (3) Non- (4) (9) Autom (0) (1) (2) (3) (9) Autom	atic (Passive) Belt System bility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown -functional Automatic belts destroyed or rendered inoperative Unknown actic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown actic (Passive) Belt System Type Not equipped/not available	Proper Use of Automatic (Passive) Belt System (O) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify):	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
(1) (2)	Not equipped/not available Non-motorized system Motorized system . Heknown	(specify):	-

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

	page.			
		Left	Center	Right
F	Availability	4	Θ	4
R	Use	04	00	00
S	Failure Modes	/	O	6
S	Availability	4	3	4
の皿COZC	Use	00	.00	00
Ň	Failure Modes	0 11	0	Ø
Ţ	Availability			
H .	Use			*
R	Failure Modes			
O T	Availability			
Н	Use			
E R	Failure Modes			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

				- T		T	<u> </u>	
Oc	cupant Number							
	Type of Child Safety Seat	1						
2.	Child Safety Seat Orientation	,						
3.	Child Safety Seat Harness Usage							
4.	Child Safety Seat Shield Uasge							
5.	Child Safety Seat Tether Usage							
6.	Child Safety Seat Make/Model		Sp	ecify Be	low for l	Each Child Sa	fety Seat	-
1.	Type of Child Safety Sea	t (N/A		3.	Child Sa	ifety Seat Ha	rness Usage	
	(O) No child safety seat (1) Infant seat			4.	Child Sa	fety Seat Sh	ield Usage	
	(2) Toddler seat (3) Convertible seat			5.	Child Sa Note: O	ifety Seat Te ptions Below	ther Usage Are Used for V	ariables 3-5.
. +	(4) Booster seat(7) Other type child safe	ty seat (specif	y):		(00) No	child safety	seat	
	(8) Unknown child safety (9) Unknown if child safe				(01) Af	ter market ha		ther
2.	Child Safety Seat Orienta	• •			(02) Af	ter market ha	arness/shield/tet at used, but no	
	(00) No child safety sear				ha	rness/shield/		
	Designed for Rear Facing This Age/Weight (01) Rear facing	1 0 F			ad	ded or used		
	(02) Forward facing (08) Other orientation (s	necify):					ess/Shield/Tethe tether not used	
	(09) Unknown orientatio		_		(12) Ha	arness/shield/		
	••				• • •			
	Designed for Forward Fa	cing for This			(21) Ha	arness/shield/	d With Harness, tether not used	Jillela/ i ether
	(11) Rear facing					arness/shield/	tether used rness/shield/teth	nor wood
	(12) Forward facing (18) Other orientation (s	pecify):	-		,,		ild safety seat u	
	(19) Unknown orientation	n		e		afety Seat Ma	·	
	Unknown Design or Orie Age/Weight, or Unknowi		is	0.	(Specify	/ make/mode	and occupant	number)
	(21) Rear facing (22) Forward facing							···
	(28) Other orientation (s	specify):						
	(29) Unknown orientation	n	-					
	(99) Unknown if child s	afety seat use	d					

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	3		3
1	Seat Type	02		02
R	Seat Performance	1		0
T	Seat Orientation			. 0
S	Head Restraint Type/Damage	0	0	0
S E C	Seat Type	05	05	05
O N	Seat Performance	0	0	0
D.	Seat Orientation		0	0
T	Head Restraint Type/Damage	10 July 24 10 44 1	elen jarran en kalender kommen er en er en er en er en er en er en er en er en er en er en er en er en er en e	
H	Seat Type	20 00 00 00 00 00		
R	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
H	Seat Performance			
R	Seat Orientation			

Head	Restraint	Type/Damage	by	Occupant	at	This
Occur	oant Positi	ion				

- **(O)** No head restraints
- (1) Integral - no damage
- Integral damaged during accident
- (3) Adjustable no damage
- (4) Adjustable damaged during accident
- (5) Add-on no damage(6) Add-on damaged during accident
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02)Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

JECTION No [V] Yes [Describe indications of ejection and		volved in par	tial ejection	(s):			
Occupant Number							
Ejection							
(Note on Vehicle Interior Sketch) Ejection Area					*		
Ejection Medium							
Medium Status							
ijection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown ijection Area (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):		(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prito Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown				
ENTRAPMENT No [] Ye Describe entrapment mechanism: _	s[]						
Component(s):							



U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERIOR VEHICLE LOG

TO BE COMPLETED BY TEAM	DATA STATUS OF VARIABLE NUMBERS 4-97					
1. PSU Number NCSI	Integrity					
2. Case Number—Stratum / 9304	4 5 6 7 8 9 10 11 12 13 14					
3. Researcher Completing Form						
4. Vehicle Number	Glazing					
	15 16 17 18 19 20 21 22 23 24 25					
TO BE COMPLETED BY ZONE CENTER						
5. Documentation Of Integrity	26 27 28 29 30 31 32 33 34 35 36					
	20 27 20 23 30 31 32 33 34 35 30					
6. Documentation Of Glazing						
7. Documentation of Intrusions	37 38 39 40 41 42 43 44 45 46					
	* * * * * * * * * * * * * * * * * * * *					
8. Documentation of Steering Column/Wheel						
9. Documentation of Occupant Contacts	Intrusion 47 48 49 50 51 52 53 54 55 56 57					
3. Documentation of Occupant Contacts						
10. Documentation of Restraint Systems						
AA B	58 59 60 61 62 63 64 65 66 67 68					
11. Documentation of Seats						
12. Number of Interior Vehicle Slides	69 70 71 72 73 74 75 76 77 78 79					
13. Interior Slides Subject Quality	80 81 82 83 84 85 86					
14. Interior Slides Quality						
Codes For Log Variables 5-11 and 13-14 (0) Not applicable	Steering Column/Wheel and Instrument Panel					
(1) Substandard - beyond researcher control (2) Substandard	87 88 89 90 91 92 93 94 95 96 97					
(3) Standard						
15. Number of Coded Intrusions						
	Data Status Codes:					
	(Blank) Correct (1) Derived error					
	(2) Non-correctable error (3) Correctable error					
	(4) Change—no error (5) Sequencing error					
	(7) Incorrect edit override (8) MDE error					
	(9) Unknown coded					



U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

dministration	OCCUPANT'S SEATING
1. Primary Sampling Unit Number \(\text{NCSI} \)	10. Occupant's Seat Position
2. Case Number - Stratum 9304	Front Seat
3. Vehicle Number	(11) Left side (12) Middle
4. Occupant Number	(13) Right side (14) Other (specify):
OCCUPANT'S CHARACTERISTICS	(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknown	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area
$\frac{68}{8}$ inches X 2.54 = $\frac{172.7}{2}$ centimeters	(98) Other seat (specify):(99) Unknown
8. Occupant's Weight Code actual weight to the nearest kilogram. (999)Unknown	11. Occupant's Posture (0) Normal posture
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

12. Ejection (I) No ejection (I) Complete ejection (I) Camplete ejection (I) Open (I	EJECT	TION/E	NTRAPMENT
(0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown 14. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	(0) No ejection(1) Complete ejection(2) Partial ejection(3) Ejection, unknown degree	<u></u>	(0) No ejection (1) Open (2) Closed (3) Integral structure
(0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify): (9) Unknown	(0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify):	0	(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped
	(0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):	0	
1			

National Accident Sampling System-Crashworthiness Date RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability	21. Air Bag System Availability/Function
(0) None available (1) Belt removed/destroyed	(0) Not equipped/not available (1) Air bag
(2) Shoulder belt	
(3) Lap belt (4) Lap and shoulder belt	Non-functional (2) Air bag disconnected (specify):
(5) Belt available—type unknown	
Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	(3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify):	22. Air Bag System Deployment (0) Not equipped/not available
(9) Unknown	(1) Air bag deployed during accident (as a
24	result of impact) (2) Air bag deployed inadvertently just
18. Manual (Active) Belt System Use (00) None used, not available, or belt	prior to accident
removed/destroyed	(3) Air bag deployed, accident sequence undetermined
(O1) Inoperative (specify):	(4) Nondeployed
(O2) Shoulder belt (O3) Lap belt	(5) Unknown if deployed(6) Air bag deployed as a result of a noncollision
(O4) Lap and shoulder belt	event during accident sequence (e.g., fire,
(05) Belt used—type unknown (08) Other belt used (specify):	explosion, electrical) (9) Unknown
(12) Shoulder belt used with child safety seat	
(13) Lap belt used with child safety seat	23. Are There Indications of Air Bag
(14) Lap and shoulder belt used with child safety seat	System Failure?
(15) Belt used with child safety seat—type unknown	(O) Not equipped/not available (1) No
(18) Other belt used with child safety seat (specify):	(2) Yes (specify):
(99) Unknown if belt used	(9) Unknown
19. Proper Use of Manual (Active) Belts	
(0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
Belt Used Improperly	4
(3) Shoulder belt worn under arm	24. Police Reported Restraint Use (0) None used
(4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person	(1) Police did not indicate restraint use
(6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used	(2) Shoulder belt (3) Lap belt
improperly with child safety seat (specify):	(4) Lap and shoulder belt
(8) Other improper use of manual belt system	(5) Belt used, type not specified (6) Child safety seat
(specify):	(7) Other or automatic restraint (specify):
(9) Unknown	(8) Restrained, type unknown
	(9) Police indicated "unknown"
20. Manual (Active) Belt Failure Modes	·
(0) No manual belt used (1) No manual belt failure(s)	
(2) Torn webbing (stretched webbing not	,
included) (3) Broken buckle or latchplate	
(4) Upper anchorage separated	
(5) Other anchorage separated (specify):	
(6) Broken retractor (7) Combination of above (specify):	
(8) Other manual belt failure (specify):	
(9) Unknown	

HEAD RESTRAINT AND	D SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): (7) Combination of above (specify): (8) Other (specify): (9) Unknown

CHILD	SAFETY SEAT
28. Child Safety Seat Make/Model OOO No child safety seat	
Applicable codes are found in your NASS CDS Data Collection, Coding and Editing (950) Built-in child safety seat	32. Child Safety Seat Shield Usage
(997) Other make/model (specify):	33. Child Safety Seat Tether Usage
(998) Unknown make/model (999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used 30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (23) Other orientation (specify): (29) Unknown orientation	ONOTE Designed With Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used
(99) Unknown if child safety seat used	
	l control of the cont

INJURY CONSEQUENCES		38. Working Days Lost
34. Injury Severity (Police Rating)	<u>3</u>	Code the number of days (up through 60) that the occupant
 (0) O - No injury (1) C - Possible injury (2) B - Nonincapacitating injury (3) A - Incapacitating injury (4) K - Killed (5) U - Injury, severity unknown (6) Died prior to accident 		lost from work due to the accident (00) No working days lost (61) 61 days or more (62) Fatally injured (97) Not working prior to accident (99) Unknown
(9) Unknown 35. Treatment - Mortality (0) No treatment (1) Fatal	4	STOP - GO TO VARIABLE 44 ON PAGE 7 VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER
(2) Fatal - ruled disease (specify):		39. Time to Death Code number of hours from time of
Nonfatal (3) Hospitalization (4) Transported and released (5) Treatment at scene - nontransported (6) Treatment later (8) Treatment - other (specify):	<u> </u>	accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, n days = 30 +n up through 30 days = 60) (00) Not fatal (96) Fatal - ruled disease (99) Unknown
36. Type Of Medical Facility (for Initial Treatn	nent)	40. 1st Medically Reported Cause of Death O
 (0) Not treated at a medical facility (1) Trauma center (2) Hospital (3) Medical clinic (4) Physician's office (5) Treatment later at medical facility 		41. 2nd Medically Reported Cause of Death 42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to
(8) Other (specify): (9) Unknown	-	this occupant's death (00) Not fatal or no additional causes (97) Other result (includes fatal ruled disease) (specify):
37. Hospital Stay (00) Not Hospitalized Code the number of days (up through	<u>OO</u> gh 60)	(99) Unknown
that the occupant stayed in hospital. (61) 61 days or more (99) Unknown		43. Number of Recorded Injuries for This Occupant Code the actual number of injuries recorded for this occupant. (00) No recorded injuries (97) Injured, details unknown (99) Unknown if injured
	·	

tauona Accident Sampling System Stanton unites Dat	
AUTOMATIC BELT SYSTEM	48. Automatic (Passive) Belt Failure Modes
44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):
Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown
45. Automatic (Passive) Belt System Use	(o) onknown
(0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):
	(9) Unknown
46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER
	TRAUMA DATA
47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than	50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured
one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):	51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given
(8) Other improper use of automatic belt system (specify):(9) Unknown	52. Arterial Blood Gases (ABG) – HCO ₃ (00) Not injured (01) Injured, ABGs not measured or reported (02-50) Code the actual value of theHCO ₃ (96) ABGs reported, HCO ₃ unknown (97) Injured, details unknown (99) Unknown if injured
ARE ALL APPLICABLE MEDICAL RECO	PRDS INCLUDED NO [/] YES []
UPDATE CANDIDATE?	NO [/] YES []



U.S. Department of Transportation

OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety

TO BE COMPLETED BY TEAM	14. Was This Occupant Injured?
	(O) No
1. PSU Number $\frac{Nc}{sT}$	(1) Yes (9) Unknown
2. Case Number—Stratum 9309	
3. Researcher Completing Form	15. Status of Medical Release
4. Vehicle Number	(1) Medical release not required at medical facility
5. Occupant Number	Medical Release Required (2) Required not obtained
6. Interviewer Number	(3) Required obtained
7. Date Interview Completed 29 19 3	16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Fatal—died before hospitalization
8. Date Official Medical Data Requested	(02) Fatal—died before hospitalization (03) Fatal—died after hospitalization (04) Hospitalization (05) Emergency room treatment only
9. Date Official Medical Data Obtained informed no record of treatment	(06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery (09) Treatment at medical facility—unknown level of
10. Occupant's Role (1) Driver (2) Passenger (3) Unknown	treatment (99) Unknown
	17. Injury Information Form Record
11. Interviewee For This Occupant (0) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): ** 12. Manner Of Interview	Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records
(0) No attempt (1) Telephone (2) In-person (3) Questionnaire (9) Unknown (for Zone Center use only)	h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial
13. Result Of Last Interview Attempt (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview	k. Lay coroner I. EMS record m. Interviewee n. Other source (specify): o. Police report (See reverse side of this page for codes for variable 13) 18. Medical Facility Code

National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Log

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

(Blank) Not medically treated/record not required

- (01) No record of treatment at medical facility
- (O2) Medical release required-not obtained
- (O3) Injury not related to accident
- (O4) Noncooperative hospital
- (05) Hospital out-of-study area
- (06) Private physician would not release data
- (07) Unknown if medically treated
- (08) To be updated
- (09) Record not received before file closeout
- (10) Record not obtained
- (11) Record obtained
- (12) Partial record obtained—not to be updated
- (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

18. Documentation of Occupant Interview

(Excludes Injury Data)

- (O) Not applicable
- (1) Substandard
- (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6,	7,	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	3.0	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						
					1					

Data Status Codes:

(Blank) Correct

- (1) Derived error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (5) Sequencing error
- (7) Incorrect edit override
- (8) MDE error
- (9) Unknown coded



Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCSI

3. Vehicle Number

02

2. Case Number - Stratum

9304

4. Occupant Number

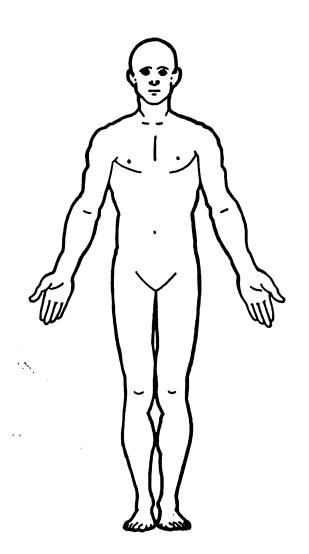
01

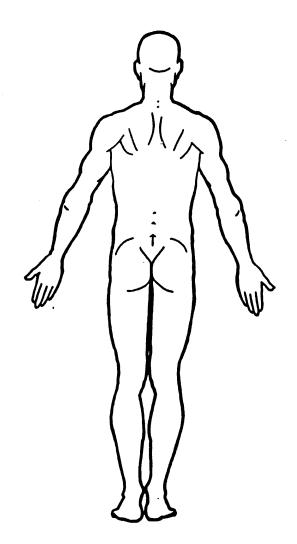
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source		Type of	O.I.C Specific	A.I.S			-	Injury Source	Direct/	
	of Injury Data	Body Region	Anatomic Structure	Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidenc Level	e Indirect Injury	Intrusion Number
1st	s. <u>7</u>	6. 2	7.9	8. <u>0 6</u>	9. <u>O J</u>	10. 1	11. 0	12.9/	13	14.3	15. 00
2nd	16. 7	17. 7	18. 9	a. <u>0 2</u>	_{20.} <u>0</u> 2	21	22. 1	23.45	24.	25	26. <u>00</u>
3rd	27	28	29 3	o	31	32	33	34	35	36,	37
4th	38,	39	404	i	42	43	44	45	48	47	48
5th	49	50	51 E	i2	53,	54	55	58	57	58	59
6th	60	61	62(33	64	65	66	67	68	69	70
7th	71	72	78	/4	75	78	77	78	79	80	81
8th	82	83	84	35	86	87	88	89	90	91	92
9th	93	94	95	76.	97	98	99	100	101	102	103
10th	104	105	106 10	07	108	109	110	111.	112	113	114

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





	OFFICIAL INJURY DATA	- SKELETAL INJURIES
Restrained?NoYes	Indicate the Location, Specific Anatomic Structure, Detail (size, depth, Source of all injuries indicated by official spurces (or from PAR or other unavailable.)	fracture type, head injury clinical signs and neurological deficits), and runofficial sources if medical records and interviewee data are
Blood Alcohol Level (mg/dl)	bodo	
Glasgow Coma Scale Score GCSS =		
Units of Blood Given Units =		
Arterial Blood Gaeea		
PO, ~ PCO, HCO,		

Page 3

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

		OCCUPANT INJURY DATA SUPPLEMENT									
				0.1.CA	N.1.S				Injury		Occup
	Source		Type of	Specific		4	•	lacene	Source Confidence	Direct/ Indirect	Area Intrusion
	of Injury Data	Body Region	Anatomic Structure	Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Level	Indirect	Number
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U.S. Department of Transportation

National Highway Traffic Safety Administration

OCCUPANT INJURY LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY ZONE CENTER	SECOND LEVEL REVIEW
1. PSU Number 2. Case Number—Stratum 3. Vehicle Number 4. Occupant Number	18. Documentation of Official Data on Manikin (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard
5. Documentation of Interview Date on Manikin Listing (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard INJURY INFORMATION CODING	AIS AIS 1-7 3-6 17. Number of Rows Added by Second Level Reviewer 18. Number of Rows Deleted by Second Level Reviewer
Injury Mechanisms & Information Intrusions 6. Date Data Included With Initial Submission Coded 7. Coded By (Initials)	ERROR STATUS FOR INJURY VARIABLES Coding Errors (total number in each column) 5 6 7 8 9 10 11 12 13 14 15
8. Date Update Received Contact Injury Mechanisms & Intrusions 9. Date Date Included	19. Date Of Second Level Review 20. Reviewed By (Initials)



U.S. Department of Transportation

National Highway Traffic Safety Administration

INTERVIEW FORM (A)

1. Primary Sampling Unit Number NCSI	Interviewee(s) Role or Name(s):						
2. Case Number - Stratum 9304	Driver						
3. Vehicle Number O 2							
Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.							
If the driver was not the person interviewed, was an appointment made for a follow-up interview?							
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS							
No quoidance manageres	as-30 mpl - stocally pace - not accelerating other car spun into me no frontal						
I rotated CCW and	car hit my left side oir bas went off collect over onto right side (soft roll) coming						
to rest against a pule							
	·						
· ·							
OCCUPANT'S DES	CRIPTION OF ACCIDENT EVENTS						
	<u> </u>						
1							

ACCIDENT DIAGRAM



The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

NORTH



U.S. Department of Transportation National Highway Traffic Safety

INTERVIEW FORM (B)

Administration	CRASHWORTHINESS DATA SYSTEM
1. Primary Sampling Unit Number $NCST$ 2. Case Number - Stratum 9304	Interviewee(s) Role or Name(s):
3. Vehicle Number O 2	
ACCIDEN	T DATA QUESTIONS
1. Can you tell me in which direction you were trav [] North [X] South [] East [] West (Optional - Where were you coming from or going home from work 2. In which lane were you traveling? (Note: Lane 1 is designated as the right curb lane)	[] Braking with lock-up [] Braking without lock-up [] Releasing brakes [] Accelerating [] Steering left [] Steering right [] Other (specify):
[1] [2] [3] [4] [] Other (specify):	7. Where was your vehicle at the time of the collision?
3. Can you remember your estimated travel speed (in per hour) before the accident? [] Stopped [] 1-10 [] 10-20 [] 20-30 [] 30-40 [] 40-50 [] 50-60 [] 60-70 [] 70+ 4. Just before the accident, can you tell me what you intending to do or were doing? [Going straight [] Stopped [] slowing [] Accelerating [] Turning left [] Turning right [] Changing lanes to left [] Changing lanes [] Backing [] Other (specify):	[] Off roadway to left [] Other (specify):
5. Did you experience any loss of control due to vector conditions or mechanical problems? No I Yes (If yes, describe below)	how your vehicle moved to its stopped position? rotated CCW about 90 degrees rolled up onto risht side - off road against a pole
6. Did you have to take any <u>avoidance actions prio</u> <u>accident?</u>	10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions? I - other car us my Left side 2 - Right side of my car (rollover) 3 - Top of my car - hit pole (barely)

Primary Sampling Unit Number NCS4	3. Vehicle Number <u>0</u> 2
Case Number - Stratum 9 3 0 4	4. Occupant Number O
VEHICLE/DRIVER D	DATA QUESTIONS
Can you tell me the year, make, model of your vehicle? 1 9 8 6 , Plymouth , Sundance	7b. Were any of the belts removed or not functional prior to the accident? No
Year Make Model	[] Yes (If "Yes", specify which belt and describe problem)
Can you describe the damage to your vehicle? all left side + all risht side damaged	
. Was there any previous damage to your vehicle that is	8. Do any of the front belts move along a motorized track when the door is opened or closed?
not related to this accident? No [] Yes (If "yes", describe below)	No (If "No", go to question 9) [] Yes (If "Yes", what seat location?) [] Left Front [] Right Front
. Did any of the doors (hatch, tailgate) open during the accident? ☑ No	8a. Were the motorized belts working properly before the accident? [] No (If "No", describe condition below)
[] Yes (If "Yes", describe below)	[] Yes
Did any of the windows break during the accident?	8b. Were the belts connected to the track prior to the accident? [] No
Yes (If "Yes", describe below) LF and RF windows shattered W/s cracked	[] Yes [] Unknown
. Does your vehicle have a glove compartment? [] No	9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?
⊠ Yes · · · · ·	☐ No (go to question 10) [] Yes
 Did the glove compartment door come open during the accident? \ No 	9a. Does this belt come across the7
[] Yes [] Unknown	[] Lap and chest
Does your vehicle have "seat belts"? [] No (If "No", go to question 7b)	9b. Was this belt connected prior to the accident? [] No [] Yes
Yes (If "Yes", go to question 7a)	[] Unknown
. Can you describe the type of seat belt for each seat? Driver's seat [] Lap [∠ Lap and shoulder Front seat middle [] Lap [] Lap and shoulder	AIR BAGS
Front seat right [] Lap [X] Lap and shoulder Rear seat left [] Lap [X] Lap and shoulder Rear seat middle [X] Lap [] Lap and shoulder	10. Is your vehicle equipped with a driver's side air bag? [] No (go to question 11) ☑ Yes (go to question 10a) [] Unknown (go to question 11)
Rear seat right [] Lap [] Lap and shoulder	W

[] Unknown

National Accident Sampling System-Crashworthiness Dat	a System: Interview Form Page 4
1. Primary Sampling Unit Number <u>NC ST</u>	3. Vehicle Number <u>O A</u>
2. Case Number - Stratum 9304	4. Occupant Number 6
VEHICLE/DRIVER DATA (QUESTIONS (CONTINUED)
12h. Were any of these items added after you owned the child safety seat? [] Yes	OPTIONAL If you do not know where the vehicle is or if the owner's permission is needed for inspection. 15. Do you know where the vehicle is currently located?

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National Accident Sampling System-Crashworthiness Data	System: Interview Form Page 5			
1. Primary Sampling Unit Number \underline{NCSI}	3. Vehicle Number O Q			
2. Case Number - Stratum 9304	4. Occupant Number			
OCCUPANT DA	TA QUESTIONS			
 Was there anyone else in your vehicle at the time of the accident? No (If "No", go to question 4) Yes (If "Yes", specify number in question 2 below and then go to question 3) Unknown 	5d. Were you (Was he/she) [서 Sitting upright or [] Leaning to left side, or [] Leaning to right side? OCCUPANT EJECTION			
2. How many? [1] One other person [2] Two other persons [3] Three other persons [4] Four other persons [5] Five other persons [6] Six other persons [7] Seven or more other persons (specify number:)	6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident? [⋈ No (If "No", go to question 7) [] Yes (If "Yes", go to question 6a) [] Unknown 6a. Can you remember what part of the vehicle you were (he/she was) thrown out? [] No [] Yes (Describe:)			
3. Where was this person sitting? (Circle seating positions)	OCCUPANT RESTRAINT			
[12] [13] [21] [22] [23] [31] [32] [33] [] Other (specify:) OCCUPANT CHARACTERISTICS	7. Were you (Was he/she) wearing a seat belt just before the accident? [] No (If "No", go to question 8) [X] Yes [] Unknown			
4. Can I have your (his/her) height, weight, age, and sex? Height 58 Weight 138 Age 26 Sex: [] Male [X] Female	7a. Were you (Was he/she) wearing the [] Lap belt? [] Lap and Shoulder belt? [] Shoulder belt?			
5. Can you tell me how you (he/she was) were sitting in your vehicle? normal, aprisht, behind wheel	7b. Can you describe how you were (he/she was) wearing the lap belt? [] Across the stomach [] Low on lap [] Other (specify:) [] Unknown 7c. Can you describe how you were (he/she was) wearing the shoulder belt?			
5a. Can you describe the location of your (his/her) feet just prior to the collision?	 [×] Over the shoulder [] Under the arm [] Behind the back [] Behind the seat [] Other (specify:) 			
left fort flat on floor	7d. Did any part of the belt system break or tear? ⋉ No			
5b. Can you describe the location of your (his/her) arms? _both hands on wheel	[] Yes (If "Yes", describe)			
5c. Was your (his/her) back resting against the seat back rest? [] No (If "No", describe the position) [X] Yes [] Unknown	8. Were you (Was he/she) trapped in the vehicle? No			
	[] Unknown			

PSU Number NCST

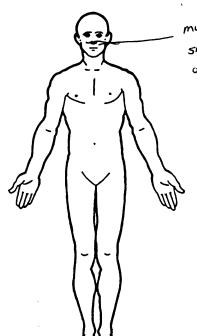
Case Number – Stratum 9 3 0 4 Vehicle Number 0 2

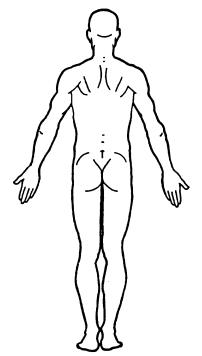
Occupant Number 6

INJURY DATA FROM INTERVIEWEE(S)

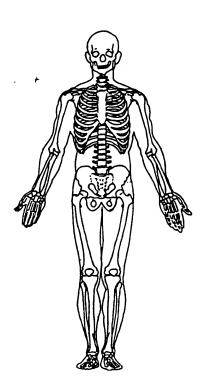
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): Driver / Same person

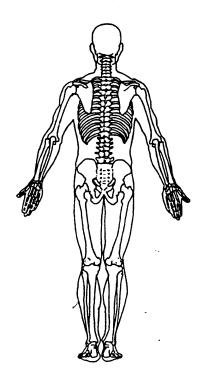
SOFT TISSUE/INTERNAL INJURIES





SKELETAL INJURIES





The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number NCSI	3. Vehicle Number <u>O 2</u>
2. Case Number - Stratum 9304	4. Occupant Number <u>6</u>
OCCUPANT INJURY	DATA QUESTIONS
1. Were you (Was he/she) injured? [] No (If "No", go to next occupant. Stop if no other occupant.) [[[] Yes (If "Yes", complete Occupant Injury Questions) [] Unknown	5a. Do you know what caused this injury? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown
 2. Did you (he/she) receive any cuts, abrasions, or bruises? [] No (go to question 3) [] Yes (If "Yes", record the exact location(s) and size on the manikin(s).) [] Unknown 	6. Did you (he/she) suffer any joint sprains or muscle strains? No (If "No", go to question 7) [] Yes (If "Yes", specify on the manikin(s), and then go to question 6a.) [] Unknown
 2a. Do you know what caused your (his/her) injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown 	6a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the manikin(s).) [] Unknown
 3. Did you (he/she) experience any broken bones? [►] No (If "No", go to question 4) [] Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.) [] Unknown 	7. Did you (he/she) receive treatment for your (his/her) injury(s)? [] No (If "No", go to question 8) [] Yes (If "Yes", go to question 7a)
3a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).) [] Unknown	7a. Were you (Was he/she) treated by: [>] Hospital/trauma center? (specify hospital name): [] Medical clinic [] Out patient surgery? (specify medical facility:)
 4. Did you (he/she) injure your (his/her) head? ⋈ No (If "No", go to question 5) [] Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.) [] Unknown 	[] Paramedics or first aid at the scene? [] A doctor in his/her office? [] Treated at home? [] None of the above, go to question 8. 7b. Were you (Was he/she) treated and released from the
4a. Do you know what caused the injury(s)? [] No [] Yes (If "Yes", specify the component(s) on the	emergency room? [] No (If "No", go to question 7c.) [X] Yes (If "Yes", go to question 7e.)
manikin(s).) [] Unknown	7c. Were you (Was he/she) hospitalized? [✓] No (If "No", give an explanation) [] Yes (If "Yes", go to question 7d.)
 5. Were any of your (his/her) internal organs injured? [] No (If "No", go to question 6) [] Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.) 	7d. How many days were you (was he/she) in the hospital?

[] Unknown

ional Accident Sampling System-Crashworthiness Data . Primary Sampling Unit Number $N^{C}SI$	3. Vehicle Number	00	
. Case Number - Stratum 9304	4. Occupant Number	01	
OCCUPANT INJURY DATA	QUESTIONS (CONTINUED)		
7e. Have you (Has he/she) received any follow-up treatment? I No I Yes (If "Yes", describe:) Unknown	8. Have you (he/she) lost any days from work or scho (college)? [] No [X] Yes (If "Yes", determine the number of days los (Specify:)		
7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form? [] No [] Yes (If "Yes", mail or present the form for signature.)			
Not requested as Providence had already indicated that no release would be required			
. <i>•</i>			

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National Highway Traffic Safety

CONTACT LOG

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration	OORTA	CRASHWORTHINESS D	ATA SYSTEM
1. PSU Number	NCSI	3. Vehicle Number	02
2. Case Number—Stratum	9304	4. Assigned Researcher Number	
VEHICLE INSPEC	CTION	INTERVIEW	
Date Time	ID# Contact Manner Result	DRIVER INTERVIEW Date Time ID# Contact N	Manner Recult
93	<u>a</u> 19	193	/ /0
193	4 2 1	193	1 10
'		193	1 10
''		193	1 10
		193	1 6
		193	1 10
		193	1 10
'		OCCUPANT INTERVIEW	
<i>''</i>		Occ.	Manner Result
		//:	
''		//	
''		<i>'</i>	
			
CONTACT (1) Owner/driver (2) Towyard (3) Repair facility (4) Salvage yard (5) Police (6) Insurance company (7) Attorney (8) Other (specify): MANNER (1) Telephone (2) In-person (3) Questionnaire		CONTACT (0) No interview (1) Driver (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories MANNER (0) Vehicle not occupied (1) Telephone (2) In-person (3) Questionnaire (4) Other (specify):	
(4) Other (specify): RESULT (1) Complete inspection (2) Partial inspection (3) Refusal (4) Vehicle moved to known location (5) Vehicle moved to unknown location (6) Vehicle located, no permission to (7) Vehicle repaired (8) No answer/not home (9) Other (specify):	ion	RESULT (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview	Machine

VEI	HICLE INSPEC	TION		OCCUPANT INTERVIEW				
Date	Time	ID# Conte	ct Manner Result	Ooc. No.	Date	Time	ID# Contact Manner Result	
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D	RIVER INTER	VIEW]	_''	:		
Dates	Time	IDA Cont	act Manner Result] — —	'	:		
193			1 / 10		_''_	:		
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193		4			_''	:		
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National Highway Traffic Safety Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number NCSI 2. Case Number - Stratum 93 0 4 3. Vehicle Number 03	11. Police Reported Alcohol Presence (0) No alcohol present (1) Yes (alcohol present) (7) Not reported (8) No driver present (9) Unknown
VEHICLE IDENTIFICATION 4. Vehicle Model Year Code the last two digits of the model year (99) Unknown 5. Vehicle Make (specify): Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (99) Unknown	Note: See variables 37 through 55 (Page 4) for information on Other Drugs 12. Alcohol Test Result For Driver Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source:
Applicable codes are found in your NASS Data Collection, Coding and Editing Manual. (999) Unknown	ACCIDENT RELATED 13. Speed Limit (000) No statutory limit Code posted or statutory speed limit in kph (999) Unknown
7. Body Type Note: Applicable codes may be found on the back of this page.	
8. Vehicle Identification Number IGHALI 9 R Left justify; Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's	(02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating
9. Police Reported Vehicle Disposition (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown	(11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): (99) Unknown
10. Police Reported Travel Speed 999 Code to the nearest kph (NOTE: 000 means less than 0.5 kph) (160) 159.5 kph and above (999) Unknown mph X 1.6093 =kph	15. Accident Type Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): (99) Unknown

	OCCUPANT RELATED	24	Rollover
	Driver Presence in Vehicle (0) Driver not present (1) Driver present (9) Unknown Number of Occupants This Vehicle (00-96) Code actual number of occupants for this vehicle	24.	Rollover (0) No rollover (no overturning) Rollover (primarily about the longitudinal axis) (1) Rollover, 1 quarter turn only (2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns (4) Rollover, 4 or more quarter turns (specify):
18.	(97) 97 or more (99) Unknown Number of Occupant Forms Submitted		(5) Rolloverend-over-end (i.e., primarily about the lateral axis) (9) Rollover (overturn), details unknown
			OVERRIDE/UNDERRIDE (THIS VEHICLE)
	VEHICLE WEIGHT ITEMS		2
19.	Vehicle Curb Weight	25.	Front Override/Underride (this Vehicle)
	10 kilograms. (045) Less than 450 kilograms	26.	. Rear Override/Underride (this Vehicle)
	(610) 6,100 kilograms or more (999) Unknown		(0) No override/underride, or not an end-to-end impact
			Override (see specific CDC) (1) 1st CDC (2) 2nd CDC (3) Other not automated CDC (specify):
20.	Vehicle Cargo Weight		Underride (see specific CDC) (4) 1st CDC (5) 2nd CDC (6) Other not automated CDC (specify):
21	RECONSTRUCTION DATA Towed Trailing Unit		(7) Medium/heavy truck or bus override (9) Unknown
	(0) No towed unit (1) Yes—towed trailing unit (9) Unknown		HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22.	Documentation of Trajectory Data for This Vehicle (0) No (1) Yes		Values: (000)-(359) Code actual value (997) Noncollision (998) Impact with object (999) Unknown
23.	Post Collision Condition of Tree or Pole (For Highest Delta V) (0) Not collision (for highest delta V) with tree or pole (1) Not damaged (2) Cracked/sheared (3) Tilted <45 degrees (4) Tilted ≥45 degrees (5) Uprooted tree (6) Separated pole from base (7) Pole replaced (8) Other (specify):		7. Heading Angle For This Vehicle 106 3. Heading Angle For Other Vehicle 000
1	(9) Unknown	1	

	Secondary Highest
29. Basis for Total Delta V (highest)	Secondary nignest +
23. Dasis for Foral Della V (Highest)	32. Lateral Component of Delta V 9 9 9
Delta V Calculated	- 2
(1) CRASH program—damage only routine	Nearest kph
(2) CRASH program—damage and trajectory	(NOTE: 000 means greater than
routine (3) Missing vehicle algorithm	-0.5 kph and less than +0.5 kph)
(C) ITHOUNG TOINGE AIRCHAIN	(± 160) ± 159.5 kph and above
Delta V Not Calculated	(_999) Unknown
(4) At least one vehicle (which may be this	
vehicle) is beyond the scope of an acceptable	33. Energy Absorption $9999,900$
reconstruction program, regardless of collision conditions.	
(5) All vehicles within scope (CDC applicable)	Nearest 100 joules <u>93229</u>
of CRASH program but one of the collision	•
conditions is beyond the scope of the CRASH	(NOTE: 0000 means less than 50 joules) (9997) 999,650 joules or more
program or other acceptable reconstruction	(9997) 999,650 joules or more (9999) Unknown
technique, regardless of adequacy of damage data.	,5555, 5
(6) All vehicle and collision conditions are within	
scope of one of the acceptable reconstruction	34. Confidence In Reconstruction Program
programs, but there is insufficient data	Results (For Highest Delta V) (0) No reconstruction
available.	(0) No reconstruction (1) Collision fits model — results appear
	reasonable
COMPUTER GENERATED DELTA V	(2) Collision fits model — results appear high
Secondary Highest	(3) Collision fits model — results appear low
i	(4) Borderline reconstruction — results appear reasonable
30. Total Delta V <u>9 9 9</u>	I GASUNAUIG
9	/
9 Nearest kph 29	35. Type of Vehicle Inspection
(NOTE: 000 means less than	(0) No inspection (1) Complete inspection
0.5 kph) *	(2) Partial inspection (specify):
(160) 159.5 kph and above	
(999) Unknown	
	26. In this as AOBS Vahisla?
31. Longitudinal Component of +	36. Is this an AOPS Vehicle?/
Delta V 9 9 9	(0) No (1) Yes - researcher determined
10	(2) VIN determined air bag system
Nearest kph	(3) VIN determined automatic (passive) belts
(NOTE: 000 means greater than	(4) VIN determined air bag and automatic
-0.5 kph and less than +0.5 kph)	(passive) belts
(± 160) ± 159.5 kph and above	****
(999) Unknown	
	1
IS OLDMISS APPLICABLE FOR	THIS VEHICLE? [] YES [NO

IF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [] YES [V NO

	onal Accident Sampling System-Clashword intess Date	
37.	Police Reported Other Drug Presence (0) No other drugs present	DRUG EVALUATION CLASSIFICATION OTHER DRUGS TEST RESULTS FOR DRIVER
	(1) Yes (other drug present) (7) Not reported (8) No driver present	DEC Specimen Test Test Results Results
38.	Police Reported Drug Evaluation Classification (DEC) Test For Driver (0) No DEC process available or given (1) DEC process given, results known (2) DEC process given, results unknown (3) DEC process available, unknown if given (8) No driver present	Narcotic Drug 40. 0 41. 0 Depressant Drug 42. 0 43. 0 Stimulant Drug 44. 0 45. 0 Hallucinogen Drug 46. 0 47. 0 Cannabinoid Drug 48. 0 49. 0 Phencyclidine (PCP) 50. 0 51. 0 Inhalant Drug 52. 0 53. 0 Other Drug (Excluding 54. 0 55. 0 Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)
39.	Other Drug Specimen Test Type For Driver	Codes For DEC Test Results (0) No DEC test given
	(0) No specimen test given (1) Blood test (2) Urine test (3) Other specimen tests (specify):	 (1) Passed DEC test (2) Failed DEC test (3) DEC test given—results unknown (8) No driver present (9) Unknown if DEC test given
	(7) Unspecified specimen test(8) No driver present(9) Unknown if specimen test given	Codes for Specimen Test Results
		 (0) No specimen test given (1) Drug not found in specimen (2) Drug found in specimen (7) Specimen test given, results unknown or not obtained (8) No driver present (9) Unknown if specimen test given

OTHER DATA	61. Rollover Initiation Object Contacted O
56. Driver's Zip Code	nation for the state of the sta
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown 58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	 (0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(7) Fire truck or car (8) Other (specify):	PRECRASH DATA
(9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify): (98) No driver present (99) Unknown
(0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved	
(4) On roadside or divided trafficway median	•

一元为名的特殊的

		PRECRASH DAT	A	Con	
	1	Critical Precrash Event	9.35		strian or Pedalcyclist, or Other Nonmotorist
	65.	Critical Precrash Event		reues	Pedestrian in roadway
		Valida Lana of Control Due Tox			Pedestrian approaching roadway
;		Vehicle Loss of Control Due To:		(0 I J	Pedestrian - unknown location
		Blow out or flat tire		1021	Pedalcyclist or other nonmotorist in roadway
,	(02)	Stalled engine			(specify):
	(03)	Disabling vehicle failure (e.g., wheel fell off)		IRAN	Pedalcyclist or other nonmotorist approaching
	(04)	(specify): Non-disabling vehicle problem (e.g., hood flew		10-71	roadway (specify):
	(04)	up) (specify):		(85)	Pedalcyclist or other nonmotorist—unknown
•	(OE)	Poor road conditions (puddle, pot hole, ice, etc.)		(00)	location (specify):
	(00)	(specify):			
	(06)	Traveling too fast for conditions		Obie	ct or Animal
	(08)	Other cause of control loss (specify):			Animal in roadway
	(00,	Other Gazes of Control of Control			Animal approaching roadway
	(09)	Unknown cause of control loss		(89)	Animal—unknown location
	(00)			(90)	Object in roadway
	This	Vehicle Traveling		(91)	Object approaching roadway
	(10)	Over the lane line on left side of travel lane		(92)	Object—unknown location
	(11)	Over the lane line on right side of travel lane			
	(12)	Off the edge of the road on the left side		(98)	Other critical precrash event (specify):
	(13)	Off the edge of the road on the right side			
		End departure		(99)	Unknown
		Turning left at intersection	├ ─		- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17
		Turning right at intersection		_	
	(17)	Crossing over (passing through) intersection		For	Corrective Actions Attempted see variable GV14
1	(19)	Unknown travel direction		(Att	emped Avoidance Manuever)
				-	
		er Motor Vehicle In Lane			9
	(50)) Stopped	66.		crash Stability After Avoidance Maneuver
	(51)) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)	1 .		No avoidance maneuver
1	150	Traveling in same direction with higher speed		(1)	Tracking
		Traveling in opposite direction		· (2)	Skidding longitudinally—rotation less than 30
١) In crossover	1	3 1	degrees
1) Backing		- (3)	Skidding laterally—clockwise rotation
ł	(59) Unknown travel direction of other motor vehicle		(4)	Skidding laterally—counterclockwise rotation
	. (55	in lane		(7)	Other vehicle loss-of-control (specify):
		· · · · · · · · · · · · · · · · · · ·			
1	Oth	ner Motor Vehicle Encroaching Into Lane			No driver present
	(60)) From adjacent lane (same direction)—over left		(9)	Precrash stability unknown
1		lane line	1		
1	(61) From adjacent lane (same direction)—over right	1		
		lane line	67	'. Pre	crash Directional Consequences of
		2) From opposite direction—over left lane line		Ave	oidance Maneuver (Corrective Action)
1		3) From opposite direction—over right lane line		(0)	No avoidance maneuver
		From parking lane		(1)	Vehicle stayed in travel lane where avoidance
1	(65	5) From crossing street, turning into same			maneuver was initiated
1		direction		(2)	Vehicle stayed on roadway but left travel lane
		6) From crossing street, across path		,	where avoidance maneuver was initiated
	(67	7) From crossing street, turning into opposite	1	(3)	Vehicle stayed on roadway, not known if left
	101	direction		,0,	travel lane where avoidance maneuver was
1		8) From crossing street, intended path not known	1		initiated
		0) From driveway, turning into same direction	1	141	Vehicle departed roadway
1		1) From driveway, across path 2) From driveway, turning into opposite direction			Avoidance maneuver initiated off roadway
1		3) From driveway, turning into opposite direction 3) From driveway, intended path not known	1		No driver present
1		4) From entrance to limited access highway			Directional consequences unknown
		8) Encroachment by other vehicle—details		(3)	n Directional Consequences unknown
	(7)	unknown			
					· ·

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), *** DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

> *** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE *** THE EXTERIOR VEHICLE, INTERIOR VEHICLE, OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

National Highway Traffic Safety Administration

GENERAL VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	TO BE COMPLETED BY THE ZONE CENTER
1. PSU Number 2. Case Number—Stratum 3. Researcher Completing Form 4. Vehicle Number 0 3	10. Reconstruction Program (Most Severe Impact) (0) Not present (1) Added (2) Dropped (3) Changed (4) Correct
5. Vehicle Disposition/Type (1) Towed, CDS applicable (2) Non-towed, CDS applicable (not AOPS) (3) Non-CDS applicable (4) Non-towed AOPS—CDS applicable 6. Reason Vehicle Inspection Not Completed (00) Non-CDS applicable vehicle (01) Complete inspection (02) Partial inspection under repair (03) Partial inspection repair (04) Partial inspection other (specify): (05) Vehicle cannot be located	11. Reason(s) Program Results Dropped Or Changed a. Algorithm choice b. Collision type c. Vehicle type d. Size / stiffness / weight e. Improved PDOF f. CDC g. Trajectory data h. Damage data i. Heading angle for Oldmiss a b c d e f g h i
(06) Vehicle destroyed (07) Vehicle outside of study area (08) Vehicle impounded (09) Vehicle sold (10) Hit and run vehicle	(Blank) Correct or no reconstruction (1) Incorrect
(11) Owner could not be located (12) Owner refusal (13) Insurance company refusal (14) Attorney refusal or litigation	DATA STATUS OF VARIABLE NUMBERS 3-67 3 4 5 6 7 8 9 10 11 12 13
 (15) Repair or tow facility refusal (16) Stolen (17) Wrong name and address on PAR (18) Caseload / staff turnover (19) Other (specify): 	14 15 16 17 18 19 20 21 22 23 24
7. Knowledge Of Highest Delta V Results Known (01) CRASH-PC damage only (02) CRASH-PC*damage and trajectory (03) OLDMISS (completed by Zone Center)	25 26 27 28 29 30 31 32 33 34 35
Unknown (O4) Rollover (O5) Other non-horizontal force (O6) Sideswipe type damage / severe override	36 37 38 39 40 41 42 43 44 45 46
(07) Vehicle out of scope / pedestrian (08) Yielding object (09) Overlapping damage (10) Insufficient data (11) Other (specify):	47 48 49 50 51 52 53 54 55 56 57
(12) OLDMISS form - pending review by Zone Center 8. Presence Of Non-coded Reconstruction Program? (0) No (1) Yes	58 59 60 61 62 63 64 65 66 67
9. Data Obtained for This Vehicle's Most Severe Impact (Regardless of Usage) (0) No data obtained (1) CDC data only (2) Trajectory data only (3) CDC and crush profile only (4) CDC and trajectory data only (5) CDC, crush profile, and trajectory data	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (7) Incorrect edit override (8) MDE error (9) Unknown coded

IF THIS CDS VEHICLE WAS NOT INSPECTED OR IF THIS WAS NOT A CDS VEHICLE, DO NOT COMPLETE AN EXTERIOR OR INTERIOR VEHICLE LOG

National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

-25

5

0

8.5

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25

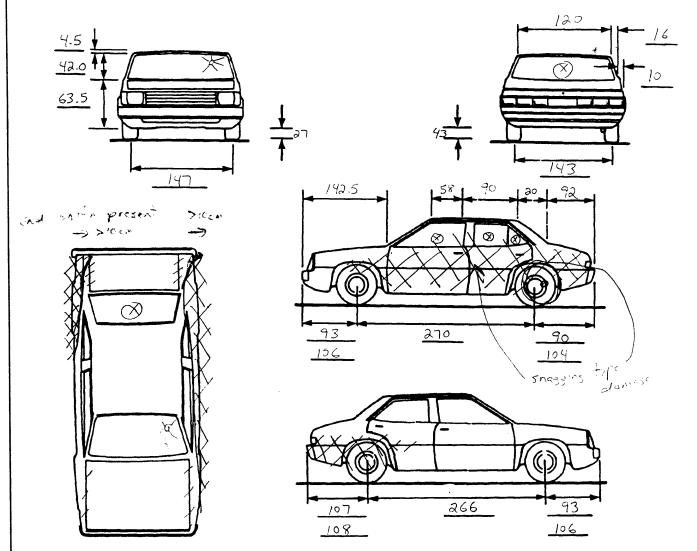
1. Primary	y Sampling Unit N	Number	NCSI	_ 3.	Vehicle	Numbe	r			<u> </u>	<u> </u>
2. Case N	lumber - Stratum	9:	3 0 4	-							
		V	/EHICLE IC	ENTIF	CATIO	ON					
vin <u>l</u>	<u>G 4 A L</u>	19	The state of the s	aring the state of				N	∕lodel Ye	ar <u>8</u>	5_
Vehicle Ma	ke (specify): $\overline{\mathcal{S}}$	uick			Vehicle f	Model (s	pecify):	Centu	vy		
				CATO							
Locate the	end of the dama amaged axle for s	ge with respec	t to the vehi	cle long	jitudinal	center I	line or b	umper c	orner fo	r end im	pacts
	mpact No.		of Direct Da	mage			Lo	cation o	f Field L		
/	beg !	57cm fud of	RR axle - e	ends R	R corner	bes 8	30 cm f	wd of	RR axe	- onds	RR cor
2	hes	36cm fund or	FLFaxle-	ends L	Reover	beg 40	o en fu	cl of L	Faxle-	end L	Reser
										•	
		CRU	SH PROFIL	E IN C	ENTIN	/IETER	S				
P i f t	Measure and documents. Free space value the individual C loside taper, etc. Full the control of	6 from driver to is defined as to ocations. This Record the valu	o passenger he distance l may include le for each C	side in betwee the fol c-measu	front or n the ba lowing: irement	rear impasseline a bumper and ma	pacts ar and the condition lead, but is simum conditions	nd rear to priginal to umper to	ody co	ntour tal	ken at ision,
Specific	Plane of Impac	Direct [Damage	Field)		_	±D
Impact Number	C-Measurement	i vviatn	Max Crush	L	C ₁	C ₂	C ₃	C₄	С	C _e	ΞU
/	Right - beltline		C ₃	187	29	32.5	34.2	10.0	16.0	4.5	-158
	less f.s.				3.5	4-5	3.0	0	4.0	4.5	
	Result				255	₹8.0	31.2	/0.0	12.0	0	-158
	1		1	i			x	ı			
							_				
2	beltline - Left	396		400	2	40	29.5 4.5	13.0	9.0 4.0	5.0 5.0	

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	154.9	inches	X	2.54	=	$\underline{\partial}$ $\underline{6}$ $\underline{6}$ cm
Overall Length	189.1	inches	X	2.54	=	<u>480</u> cm
Maximum Width	_ 67.7	inches	X	2.54	=	$\frac{1}{2}$ $\frac{2}{2}$ cm
Curb Weight	2,690	pounds	X	.4536	=	1,220
Average Track	_ 57.7	inches	x	2.54	=	<u> </u>
Front Overhang		inches	X	2.54	=	106 cm
Rear Overhang		inches	X	2.54	=	$/ \bigcirc $ \otimes cm
Undeformed End Width		inches	X	2.54	=	cm
Engine Size: cyl./displ.		СС	X	.001	=	L
		CID	х	.0164	=	* L

		VEHICLE DAMAGE	SKETCH				
TIRE—WHEEL DA a. Rotation physically	MAGE b. Tire	ORIGINAL SPECIFICATIONS			WHEEL STEER ANGLES (For locked front wheels or		
restricted	deflated	Wheelbase	266_	_ cm	displaced rear axles only)		
RF 3	RF 2	Overall Length	480	_ cm	RF ± 0 LF ± 0		
LF <u>3</u>	LF	Maximum Width	172	_ cm	RR ± o		
RR <u>Ə.</u> LR /	RR <u>a</u> LR /	Curb Weight	1220	_ kg	LR ± <u>0 0</u> 0 Within ± 5 degrees		
	LI1 _/	Average Track	147	_ cm	vvicini ± 5 degrees		
(1) Yes (2) No (8) I	NA (9) Unk.	Front Overhang	106	_ cm	DRIVE WHEELS		
		Rear Overhang	108	_ cm	FWD RWD 4WD		
TYPE OF TRANSM	MISSION	Undeformed End Width	168	cm	Approximate		
☐ Manual 💢 Aı	utomatic	Engine Size: cyl./displ.		_ L	Cargo Weightkg		
			NTIMETERS				

MEASUREMENTS IN CENTIMETERS



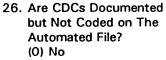
Seetch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

National Accident Sampling	System-Crashworthiness Data System: Exterior Vehicle Form
	CDC WORKSHEET

		C	DDES FOR O	BJECT CON	TACTED			
(01-30)	Vehicle Nun	nber) Fence			
NI 113	-:) Wall) Building			
Noncolli	sion Overturn — rol	llover .) Ditch or	culvert		
	Fire or explosion) Ground			Į
	Jackknife) Fire hydr	ant		
(34)	Other intraunit	damage (specif	y):		l) Curb l) Bridge			
(35)	Noncollision in	iurv				ed object (s	pecify):	
	Other noncollis			•				
(39)	Noncollision -	details unknow	n .	_ (6)) Unknow	n fixed objec	JL	
,,,,,				Collis	ion with No	nfixed Obje	ct	
Collision	n With Fixed Ol	oject				ehicle not in	-transport	
	Tree (≤ 10 cm				2) Pedestria			
	Tree (> 10 cm				3) Cyclist o		r conveyanc	م
	Shrubbery or tembankment	ousn		(/-	+) Other no		1 conveyano	
(,	Linbankmont			(7!	Vehicle	occupant		
(45)	Breakaway po	le or post (any o	liameter)	•	6) Animal		#	
		_			7) Train		d :- +	•
	akaway Pole or					onfixed obje	d in transpor	
		≤ 10 cm in dian > 10 cm but ≤		(0)	o) Other no	onnixed object	ct (specify).	
(51)	diameter)	> 10 cm but 3	30 0111 111	(8:	9) Unknow	n nonfixed	object	-
	Pole or post (:	> 30 cm in dian						
(53)	Pole or post (d	diameter unknov	vn)	(9	B) Other ev	vent (specify	/):	
	Concrete traff			(9	9) Unknow	n event or o	bject	
	Impact attenu		auardrail\					
(56)		arrier (includes		_				
,		DEFORMA [*]	TION CLASS	SIFICATION E	BY EVENT N	IUMBER		
					(4)	(5)		
Acciden	t	(1) (2)			Specific	Specific	(6)	(7)
Event	o Obioot	Direction of Force	Incremental Value of	(3) Deformation	Longitudinal or Lateral	Vertical or Lateral	Type of Damage	(7) Deformation
Sequenc Number	•	(degrees)	Shift	Location	Location	Location	Distribution	Extent
01	0 1	070		\overline{R}	Z	E	\overline{W}	08
2 -		3 1 0		. 1	7)	F	VA J	03
02	_ <u> </u>			<u></u>	<u> </u>			
				<u></u>				
								
					<u> </u>			

Page 4 National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form **COLLISION DEFORMATION CLASSIFICATION** HIGHEST DELTA "V" (4) (5) (6)Accident (1)(2)(3) Longitudinal Vertical or Type of (7) Event Direction Deformation or Lateral Lateral Damage Deformation Sequence Object Distribution Extent of Force Location Location Location Number Contacted 5. 0 / 6. 0 2 7. R 8. Z 9. E 10. W 11. 0 3 Second Highest Delta "V" 12.00 13.00 14.10 15.L 16.D 17.E 18.W 19.03 **CRUSH PROFILE IN CENTIMETERS** The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.) HIGHEST DELTA "V" 22. 20. 21. ±D C_2 C₃ C₄ 026 028 031 010 012 000 Second Highest Delta "V" 25. 23. 24. С³ ±D C₄ 000 040 025 009 005 000



(1) Yes

27. Researcher's Assessment of Vehicle Disposition

- (0) Not towed due to vehicle damage
- (1) Towed due to vehicle damage
- (9) Unknown

28. Original Wheelbase

Code to the nearest centimeter (999) Unknown

10.4.9 inches X 2.54 = 26.6 centimeters

	Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? (0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): (Include photograph of CERTIFICATION PLACARD in case report) (9) Unknown if vehicle is modified Fire Occurrence (0) No fire Yes, fire occurred (1) Minor (2) Major (9) Unknown	0	Origin of Fire (0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): (9) Unknown Type of Fuel Tank (0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown	<u></u>
* *	* STOP: IF THE CDS APPLICABLE VEHI (I.E., GV09=0 OR 9 AND GV36=0), E			1

National Highway Traffic Safety Administration

EXTERIOR VEHICLE LOG NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	
1. PSU Number 2. Case Number—Stratum NCSI 9304	13. Number of Coded CDCs (0,1,2) 14. Number of Coded Crush Profiles (0,1,2)
3. Researcher Completing Form	
4. Vehicle Number 5. Date Vehicle Inspected 9 3	DATA STATUS OF VARIABLE NUMBERS 4-32 Highest CDC
TO BE COMPLETED BY ZONE CENTER	4 5 6 7 8 9 10 11
6. Applicable Precrash Measurements (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard	Secondary CDC 12 13 14 15 16 17 18 19
7. Impact Damage Documentation (0) Not applicable (1) Substandard - beyond researcher control (2) Substandard (3) Standard	Highest Crush Profile
8. Quality Of Vehicle Damage Sketch (0) Not applicable (e.g., repaired vehicle) (1) Substandard - beyond researcher control (2) Substandard (3) Standard	20 21 22 Secondary Crush Profile
9. Number of Exterior Vehicle Slides	23 24 25
10. Exterior Slides Subject Quality (0) Not applicable (1) Substandard (2) Standard	
11. Exterior Slides Quality (0) Not applicable (1) Substandard (2) Standard	26 27 28 29 30 31 32
12. Primary Error Source (Vehicle Plane) (0) No error (1) Front (2) Side (left or right) (3) Back (rear) (4) Top (5) Undercarriage (8) Other (specify):	Data Status Codes: (Blank) Correct (1) Derived error (2) Non-correctable error (3) Correctable error (4) Change—no error (5) Sequencing error (7) Incorrect edit override (8) MDE error (9) Unknown coded

IF THIS VEHICLE WAS NOT TOWED (I.E., GV09 \pm 1), DO NOT COMPLETE THE INTERIOR VEHICLE LOG



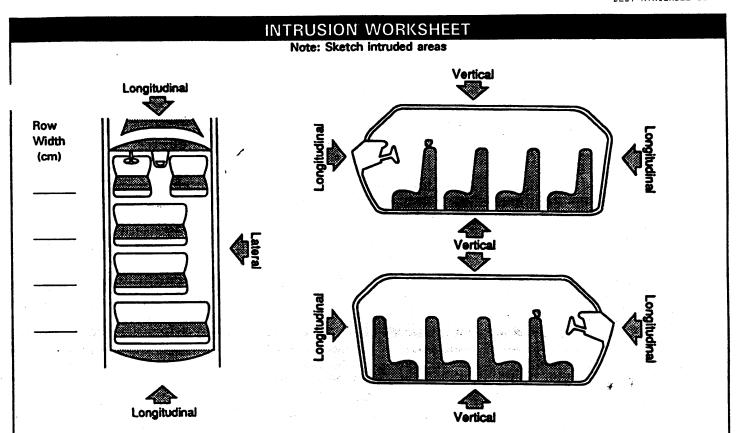
National Highway Traffic Safety Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number NCSI	GLAZING
1. Primary Sampling Unit Number <u>NCSJ</u>	Glazing Damage from Impact Forces
2. Case Number - Stratum 9304	15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 6
3. Vehicle Number 0 3	20. BL 6 21. Roof 0 22. Other 0
INTEGRITY	(0) No claring damage from import forces
4. Passenger Compartment Integrity (00) No integrity loss	 (0) No glazing damage from impact forces (2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces (4) Glazing out-of-place (cracked or not) and not holed from
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side)	impact forces (5) Glazing out-of-place and holed from impact forces (6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident
(03) Door/hatch (back door) (04) Roof (05) Roof glass	(8) No glazing (9) Unknown if damaged
(06) Side window	
(07) Rear window (backlight)	Glazing Damage from Occupant Contact
(08) Roof and roof glass (09) Windshield and door (side)	23. WS 24. LF 225. RF 226. LR 227. RR 2
(10) Windshield and roof (11) Side and rear window (side window and backlight)	28. BL <u>2</u> 29. Roof <u>2</u> 30. Other <u>2</u>
(12) Windshield and side window (13) Door and side window	(0) No occupant contact to glazing or no glazing
(98) Other combination of above (specify):	(1) Glazing contacted by occupant but no glazing damage (2) Glazing in place and cracked by occupant contact
- (99) Unknown	(3) Glazing in place and holed by occupant contact (4) Glazing out-of-place (cracked or not) by occupant
	contact and not holed by occupant contact
Door, Tailgate or Hatch Opening	(5) Glazing out-of-place by occupant contact and holed by occupant contact
5. LF 3 6. RF / 7. LR 3 8. RR 3 9. TG/H 0	(6) Glazing disintegrated by occupant contact (9) Unknown if contacted by occupant
5. LF _ 6. KF _ 7. LR _ 8. KR _ 9. IG/H _	If No Glazing Damage <i>And</i> No Occupant Contact or No
(O) No door/gate/hatch	Glazing, Then Code IV31 Through IV46 As Ø
(1) Door/gate/hatch remained closed and operational (2) Door/gate/hatch came open during collision	
(3) Door/gate/hatch jammed shut	Type of Window/Windshield Glazing
(8) Other (specify):	31. WS $\frac{1}{2}$ 32. LF $\frac{1}{2}$ 33. RF $\frac{1}{2}$ 34. LR $\frac{1}{2}$ 35. RR $\frac{1}{2}$
(9) Unknown	36. BL <u>→</u> 37. Roof <u>→</u> 38. Other <u>→</u>
Damage/Failure Associated with Door, Tailgate or Hatch	(0) No glazing contact and no damage, or no glazing (1) AS-1 — Laminated
Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø	(2) AS-2 — Tempered
10. LF <u>O</u> 11. RF <u>O</u> 12. LR <u>O</u> 13. RR <u>O</u> 14. TG/H <u>O</u>	(3) AS-3 — Tempered-tinted (4) AS-14 — Glass/Plastic (8) Other (specify):
(O) No door/gate/hatch or door not opened	(9) Unknown
Door, Tailgate or Hatch Came Open During Collision	
(1) Door operational (no damage) (2) Latch/striker failure due to damage	Window Precrash Glazing Status
(3) Hinge failure due to damage	39. WS / 40. LF 2 41. RF ○ 42. LR 2 43. RR 2
(4) Door structure failure due to damage (5) Door support (i.e., pillar, sill, roof side rail,	
etc.) failure due to damage	44. BL <u>/</u> 45. Roof <u></u> 46. Other <u></u> ⊘
(6) Latch/striker and hinge failure due to damage (8) Other failure (specify):	(O) No glazing contact and no damage, or no glazing (1) Fixed
(9) Unknown	(2) Closed (3) Partially opened

(4) Fully opened (9) Unknown



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE	l Measu	irements Are in Ce INTRUDED VALUE	ntimeters) =	INTRUSION	DOMINANT CRUSH DIRECTION	
1/	10	68-5	-	67.0	=	1-5	/at	
1/	07	63.5		55.5	=	8-0	lat	3
11	13	54.0		53.0	=	1.0	lat	
21	10	70.0	_	40-5	=	29.6	lat	اً اٰ
21	08	70.0	_	3 <i>6.5</i>	=	33.5	lat	/
21	13	55.0		53.5	=	1.5	lat	
23	10	70.0	_	65.5	=	4.5	lat	5
23	08	76.0		64.0	=	6.0	lat	′
					=			
			_		=			
			_		=			
			_		=			
			_		=			
					=			
	-		_		=			

OCCUPANT AREA INTRUSION

Note: If no	intrusions	lesve	variables	IV47-IV86	blank.
MOLE: H HO	RILIUSIUIIS.	100 Y U	Valiatios	144/400	DIGITIE.

Note	: If no intrusion	s, leave variab	les IV47-IV	86 blank.
	Location of Intrusion	***************************************	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>2</u>	48. 0 8.	49.4	503
2nd	51. <u>2</u>	52. <u> </u> O	53. <u>3</u>	54. <u>3</u>
3rd	55	56. 0 7	57. <u>2</u>	58.3
4th	59. 2 3	60. <u>08</u>	61	62. <u>3</u>
5th	63. 2 3	64. 0	65	66. <u>3</u>
6th	67	68	_ 69	70
7th	71	72	_ 73	74
8th	75	76	_ 77	78
9th	79	80	_ 81	82

LOCATION OF INTRUSION

(31) Left

(32) Middle

(33) Right

10th 83.___ 84.___

Front Seat	Fourth	Seat
(11) Left	(41)	Left
(12) Middle	(42)	Middle
(13) Right	(43)	Right
Second Seat	(97)	Catastrophic
(21) Left	(98)	Other enclosed
(22) Middle		area (specify)
(23) Right		
	(99)	Unknown
Third Seat		

85.

86.

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):
- (27) Side panel forward of the A (A2)-pillar
- (28) Side panel rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

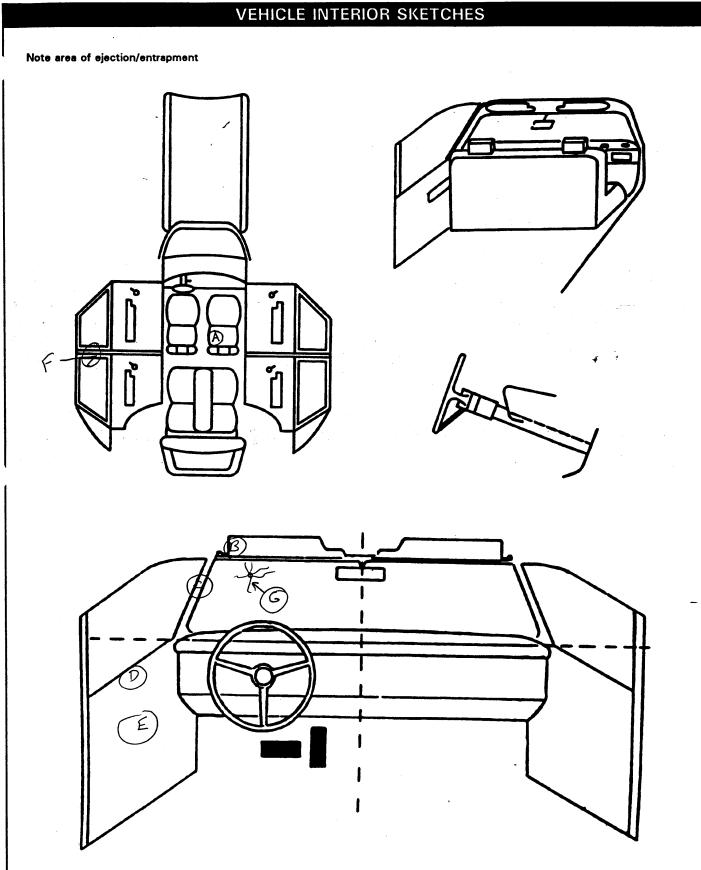
- (1) \geq 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION							
	U	All Measurements A	re in Centimeters	·)			
COMPARISON VALUE		DAMAGE	VALUE	= .	DEFORMATION		
en en en en en en en en en en en en en e	_			=			
	/ _			=			
				=		-	
	_			=			
	No D	eformation					
			•				
aga katang menggapan Katang adal menggapan				ali de Maria. Ali en gaj			
	e e e e e e e e e e e e e e e e e e e				* *		
	ì						
er e	1.4						
•							
			,				
	-						
1							

STEERING COLUMN	93. Location of Steering Rim/Spoke O O
87. Steering Column Type (1) Fixed column	Deformation (00) No steering rim deformation
(2) Tilt column (3) Telescoping column	Quarter Sections
(4) Tilt and telescoping column	(01) Section A (02) Section B
(8) Other column type (specify):	(03) Section C
(9) Unknown	(04) Section D
	Half Sections
	(05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
88. Blank <u>X X</u>	
(This variable is left blank so that numbering consistency	(09) Complete steering wheel collapse (10) Undetermined location
can be maintained with the	(99) Unknown
1988-93 CDS.	
	INSTRUMENT PANEL
89. Blank (This variable is left blank	94. Odometer Reading
so that numbering consistency	kilometers—Code to the
can be maintained with the 1988-93 CDS.	nearest 1,000 kilometers (000) No odometer
1000-00 CD3.	(001) Less than 1,500 kilometers
	(500) 499,500 kilometers or more (999) Unknown
90. Blank <u>x x x</u>	(000) Chalowii
(This variable is left blank	73, <u>/ 53</u> miles X 1.6093 = <u>/ / 7</u> , 725 kilometers
so that numbering consistency can be maintained with the	
1988-93 CDS.	Source:
	95. Instrument Panel Damage from
91. Blank <u>X X X</u>	Occupant Contact?
(This variable is left blank	(0) No (1) Yes
so that numbering consistency can be maintained with the	(9) Unknown
1988-93 CDS.	
·	96. Knee Bolsters Deformed from
	Occupant Contact?
92. Steering Rim/Spoke Deformation O	(1) Yes
Code actual measured deformation to the nearest centimeter	(8) Not present
(00) No steering rim deformation	(9) Unknown
(01-14) Actual measured value in centimeters (15) 15 centimeters or more	07 Pid Olse Constant
(98) Observed deformation cannot be measured	97. Did Glove Compartment Door Open During Collision(s)?
(99) Unknown	(O) No
	(1) Yes (8) Not present
	(9) Unknown
[· ·	
1	



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure.

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

		POIN	TS OF OC	CUPANT CONTACT	
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
Α	40	1		probable FRP of driver/19. blood stain	3
В	03.	1, 1	head	hair on visor	1
С	22	/.		blood fx plastic covering A-pillar	1
D	20	l	Left side	scutt, cloth residue	1
E	2/	1	Left sile	deformed arm rest/PDOF	a
F	23	j		blood stain	3
G	01	1	6.21	spiderweb fx of windshield	1
Н					
l l					
J					
K			7 27		
L					
М		:		4 7	
N					

CODES FOR INTERIOR COMPONENTS FRONT (23) Left B-pillar (46) Other occupants (specify): (24) Other left pillar (specify): (01) Windshield (47) Interior loose objects (02)Mirror (25) Left side window glass or frame (48) Child safety seat (specify): (03) Sunvisor (26) Left side window glass including (04) Steering wheel rim (05) Steering wheel hub/spoke one or more of the following: (49) Other interior object (specify): frame, window sill, A (A1/A2)-pillar, (06) Steering wheel (combination of codes 04 and 05) B-pillar, or roof side rail. ROOF (07) Steering column, transmission (27) Other left side object (specify): (50) Front header selector lever, other attachment (28) Left side window sill (08) Add on equipment (e.g., CB, tape (51) Rear header Roof left side rail deck, air conditioner) (52)(09) Left instrument panel and below RIGHT SIDE (53)Roof right side rail (10) Center instrument panel and below (30) Right side interior surface, (54)Roof or convertible top (11) Right instrument panel and below excluding hardware or armrests Right side hardware or armrest (31) **FLOOR** (12) Glove compartment door (32) Right A (A1/A2)-pillar (13) Knee bolster (56) Floor (including toe pan) (14) Windshield including one or more (33) Right B-pillar (57) Floor or console mounted (34) Other right pillar (specify): transmission lever, including of the following: front header, A (A1/A2)-pillar, instrument panel, console mirror, or steering assembly (driver (35) Right side window glass or frame (58) Parking brake handle side only) (36) Right side window glass including (59) Foot controls including parking (15) Windshield including one or more one or more of the following: of the following: front header, frame, window sill, A (A1/A2)-pillar, A (A1/A2)-pillar, instrument panel, or B pillar, or roof side rail. RFAR mirror (passenger side only) (37) Other right side object (specify): (60) Backlight (rear window) (16) Driver side air bag compartment (61) Backlight storage rack, door, etc. (38) Right side window sill Other rear object (specify): COVE (62) (17) Passenger side air bag INTERIOR compartment cover (18) Windshield reinforced by exterior

LEFT SIDE

- Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

object (specify):

(19) Other front object (specify):

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42)Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form

	Assessment rom.	AIR BAGS	
		Left	Right
F	Availability/Function /	0	
Ŕ	Deployment	0	0
S T	Failure ~	0	0
(0) (1) <i>Noi</i> (2)	g System Availability/Function Not equipped/not available Air bag a-functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	Oid Air Bag System Fail? (0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown
		AUTOMATIC BELTS	-
		Left	Right
	Availability/Function	0	0
F	Use	0	()
Ř S	Туре	0	0
T	Proper Use	0	\bigcirc
	Failure Modes	0	
Availa (0) (1) (2) (3) (4) (9) Auton (0) (1) (2) (3)	hatic (Passive) Belt System bility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts 4 Automatic belts - type unknown -functional Automatic belts destroyed or rendered inoperative Unknown hatic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing no included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):
Auton (0) (1) (2)	natic (Passive) Belt System Type Not equipped/not available Non-motorized system Motorized system Unknown	(8) Other improper use of automatic belt system (specify):	

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous

1		Left	1	Center	Right
F	Availability	4		3	4
۱ ۱	Use	04		00	00
	Failure Modes	1		6	0
<u>}</u>	Availability	3		3-	3
5	Use	00		00	00
02020	Failure Modes		. 34	6	0
Γ	Availability				
H	Use				* *
R D	Failure Modes	·		·	
ō	Availability		·		
T H	Use				
E R	Failure Modes				
	ual (Active) Belt System Avails	retractor between pinched of seat retract belt won to seat retract belt won accident post accident	(08)	Other belt used (spe	ecify):
	None available Belt removed/destroyed	frayed	(12)	Shoulder belt used	with child safety sea
	2) Shoulder belt	slightly, tab	(13)	Lap belt used with	child safety seat
(3) Lap belt	wing on 1 H	(14)	Lap and shoulder be	elt used with child
	4) Lap and shoulder belt	pearly + bel.		safety seat	
(5) Belt available - type unknov	vn retractor Litween	(15)	Beit used with child	sarety seat -
1	Integral Belt Partially Destroyed	shed off sat 1 +	(18)	Other belt used with	h child safety seat
	6) Shoulder belt (lap belt	pine + Ser etrace		(specify):	
	destroyed/removed)	is wort dent	(99)	Unknown if belt use	ed
((7) Lap belt (shoulder belt destroyed/removed)	belt accio			
	uestroyeu/removeu/	r M	anuai ((Active) Belt Failure I	Modes During Accide
	(8) Other belt (specify):			No manual belt used	,

Menuel	(Activa)	Relt System	Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (12) Shoulder belt used with child safety seat

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Ос	cupant Number	N/A						
1.	Type of Child Safety Seat	,						
2.	Child Safety Seat Orientation							
3.	Child Safety Seat Harness Usage		·		·		·	
4.	Child Safety Seat Shield Uasge							
5.	Child Safety Seat Tether Usage							-
6.	Child Safety Seat Make/Model		Spec	ify B	elow for Ea	ch Child Sat	fety Seat	to the transfer of the transfe
	Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safet (8) Unknown child safet (9) Unknown if child safet (00) No child safety seat Designed for Rear Facing This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (s (09) Unknown orientation Designed for Forward Fac Age/Weight	ty seat (specing seat type ety seat used ation to for pecify):	fy):	4.	Child Safe Note: Opt (00) No c Not Desig (01) Afte adde (02) Afte (03) Child harn (09) Unka adde Designed (11) Harr (12) Harr (19) Unka	child safety some with Harmarket har market har disafety seates/shield/tenown if harmarket harma	ness Usage eld Usage her Usage Are Used for \ seat rness/Shield/Teress/shield/teress/shield/teress/shield/teress/shield/teress/shield/Tethesther not used ether used ether used ether used	/ariables 3-5. Tether ther ther ther used after market ner er
	(11) Rear facing(12) Forward facing(18) Other orientation (s(19) Unknown orientation		_		(22) Harr (29) Unki	ness/shield/te nown if harn		ner used
	Unknown Design or Orien Age/Weight, or Unknown (21) Rear facing (22) Forward facing (28) Other orientation (s	ntation For Th Age/Weight pecify):	iis -	6.	Child Safe (Specify n	oty Seat Mak nake/model a	ke/Model and occupant	number)
1	(99) Unknown if child sa		d					

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	-	Left	Center	Right
F	Head Restraint Type/Damage	3	0	3
I R	Seat Type	02	03	02
S	Seat Performance	6	0	0
ı	Seat Orientation	1	0	0
SE	Head Restraint Type/Damage	0	0	0
E C	Seat Type	03	03	03
O N	Seat Performance	0	0	0
D ,	Seat Orientation			0
T	Head Restraint Type/Damage			
H	Seat Type			* *
R	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage	i e		
Ť	Seat Type			
E	Seat Performance			
R	Seat Orientation			

Head	Restraint	Type/Damage	by	Occupant	at	This
Occui	oant Positi	ion				

- (0) No head restraints
- (1) Integral no damage (2) Integral damaged during accident
- (3) Adjustable no damage
 (4) Adjustable damaged during accident
- (5) Add-on no damage
- Add-on damaged during accident (6)
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01)**Bucket**
- (02) Bucket with folding back
- (03)Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07)Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): 8 pillar intrusion caused some lateral seat defirmity
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

he vehicle. Code the appropriate CTION No [] Yes [] scribe indications of ejection and						
	<u></u>					
Occupant Number				· · · · · · · · · · · · · · · · · · ·		
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						
ction 1) Complete ejection 1) Partial ejection 3) Ejection, Unknown degree 9) Unknown ction Area 1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear	(9) Unk Ejection N (1) Doo (2) Non (3) Fixe	er area (e.g., up, etc.) (sp nown	ecify): ate ructure	(8) C (9) U Mediur to Imp (1) C (2) C (3) I	act)	n (specify):
STRAPMENT No [Yes				any -		



National Highway Traffic Safety Administration

INTERIOR VEHICLE LOG

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

TO BE COMPLETED BY TEAM	DATA STATUS OF VARIABLE NUMBERS 4-97	
1. PSU Number NCSI	Integrity	
2. Case Number—Stratum / 9 3 0 4	4 5 6 7 8 9 10 11 12 13 14	
3. Researcher Completing Form		
4. Vehicle Number		
4. Vehicle Number	Glezing 15 16 17 18 19 20 21 22 23 24 25	
TO BE COMPLETED BY ZONE CENTER		
5. Documentation Of Integrity		
5. Documentation of integrity	26 27 28 29 30 31 32 33 34 35 36	
6. Documentation Of Glazing		
 A second of the s	37 38 39 40 41 42 43 44 45 46	
7. Documentation of Intrusions		
8. Documentation of Steering Column/Wheel		
	Intrusion	
9. Documentation of Occupant Contacts	47 48 49 50 51 52 53 54 55 56 57	
10. Documentation of Restraint Systems	58 59 60 61 62 63 64 65 66 67 68	
11. Documentation of Seats		
	 	i
12. Number of Interior Vehicle Slides	69 70 71 72 73 74 75 76 77 78 79	ł
12 Interior Stides Subject Quality		
13. Interior Slides Subject Quality	80 81 82 83 84 85 86	
14. Interior Slides Quality		
Codes For Log Variables 5-11 and 13-14 (0) Not applicable	Steering Column/Wheel and Instrument Panel	-
(1) Substandard - beyond researcher control (2) Substandard	87 88 89 90 91 92 93 94 95 96 97	
(3) Standard		
15. Number of Coded Intrusions	Data Status Codes:	
	(Blank) Correct	
	(1) Derived error (2) Non-correctable error	
	(3) Correctable error (4) Change—no error	
	(5) Sequencing error (7) Incorrect edit override	
	(8) MDE error	



OCCUPANT ASSESSMENT FORM

Form Approved O.M.P. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

National Highway Traffic Safety

diministration	OCCUPANT'S SEATING
1. Primary Sampling Unit Number $\frac{NC}{2}$	10. Occupant's Seat Position
2. Case Number - Stratum 9304	Front Seat
3. Vehicle Number , <u>0</u> 3	(11) Left side (12) Middle
4. Occupant Number	(13) Right side
OCCUPANT'S CHARACTERISTICS	(14) Other (specify):(15) On or in the lap of another occupant
5. Occupant's Age Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	Second Seat (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant
6. Occupant's Sex (1) Male (2) Female (9) Unknown	Third Seat (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant
7. Occupant's Height Code actual height to the nearest centimeter. (999) Unknowninches X 2.54 =centimeters	Fourth Seat (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area
8. Occupant's Weight 999	(98) Other seat (specify): (99) Unknown
Code actual weight to the nearest kilogram. (999)Unknown	11. Occupant's Posture (0) Normal posture
9. Occupant's Role (1) Driver (2) Passenger (9) Unknown	Abnormal posture (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown

	EJECTION/ENTRAPMENT					
12.	Ejection (0) No ejection (1) Complete ejection (2) Partial ejection (3) Ejection, unknown degree (9) Unknown	0	15. Medium Status (Immediately Prior To Impact) (0) No ejection (1) Open (2) Closed (3) Integral structure (9) Unknown			
13.	Ejection Area (0) No ejection (1) Windshield (2) Left front (3) Right front (4) Left rear (5) Right rear (6) Rear (7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown	0	16. Entrapment (NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.) (0) Not entrapped (1) Entrapped (9) Unknown			
14	. Ejection Medium (0) No ejection (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify): (5) Integral structure (8) Other medium (specify):	<u>O</u>				
	(9) Unknown					

RESTRAINT SYST	EM EVALUATION
17. Manual (Active) Belt System Availability (0) None available (1) Belt removed/destroyed (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt available—type unknown Integral Belt Partially Destroyed (6) Shoulder belt (lap belt destroyed/removed) (7) Lap belt (shoulder belt destroyed/removed)	21. Air Bag System Availability/Function (0) Not equipped/not available (1) Air bag Non-functional (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown
(8) Other belt (specify): (9) Unknown 18. Manual (Active) Belt System Use (00) None used, not available, or belt removed/destroyed (01) Inoperative (specify): (02) Shoulder belt (03) Lap belt (04) Lap and shoulder belt (05) Belt used—type unknown (08) Other belt used (specify): (12) Shoulder belt used with child safety seat (13) Lap belt used with child safety seat (14) Lap and shoulder belt used with child safety seat (15) Belt used with child safety seat—type unknown (18) Other belt used with child safety seat (specify): (99) Unknown if belt used	22. Air Bag System Deployment (O) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown 23. Are There Indications of Air Bag System Failure? (0) Not equipped/not available (1) No (2) Yes (specify):
19. Proper Use of Manual (Active) Belts (0) None used or not available (1) Belt used properly (2) Belt used properly with child safety seat	Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts
Beit Used Improperly (3) Shoulder belt worn under arm (4) Shoulder belt worn behind back or seat (5) Belt worn around more than one person (6) Lap belt worn on abdomen (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): (8) Other improper use of manual belt system (specify):	24. Police Reported Restraint Use (0) None used (1) Police did not indicate restraint use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Other or automatic restraint (specify): (8) Restrained, type unknown
20. Manual (Active) Belt Failure Modes During Accident (0) No manual belt used (1) No manual belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify):	(9) Police indicated "unknown"
(8) Other manual beit failure (specify):	

HEAD RESTRAINT AN	D SEAT EVALUATION
25. Head Restraint Type/Damage by Occupant at This Occupant Position (0) No head restraints (1) Integral—no damage (2) Integral—damaged during accident (3) Adjustable—no damage (4) Adjustable—damaged during accident (5) Add-on—no damage (6) Add-on—damaged during accident (8) Other (specify): (9) Unknown 26. Seat Type (this Occupant Position) (00) Occupant not seated or no seat (01) Bucket (02) Bucket with folding back (03) Bench (04) Bench with separate back cushions (05) Bench with folding back(s) (06) Split bench with separate back cushions (07) Split bench with folding back(s) (08) Pedestal (i.e., column supported) (09) Other seat type (specify): (10) Box mounted seat (i.e., van type) (99) Unknown	27. Seat Performance (this Occupant Position) (0) Occupant not seated or no seat (1) No seat performance failure(s) (2) Seat adjusters failed (3) Seat back folding locks or "seat back" failed (4) Seat track/anchors failed (5) Deformed by impact of occupant (6) Deformed by passenger compartment intrusion (specify): B pillar intrusion applied lateral pressure on Seat bottom causing Some deformity (7) Combination of above (specify): (8) Other (specify): (9) Unknown

CHILD SAFETY SEAT			
(000) No child safety seat	31. Child Safety Seat Harness Usage	00	
Applicable codes are found in your NASS Cl Data Collection, Coding and Editing (950) Built-in child safety seat	DS 32. Child Safety Seat Shield Usage	00	
(997) Other make/model (specify): (998) Unknown make/model	33. Child Safety Seat Tether Usage	00	
(999) Unknown if child safety seat used	Note: Options below applicable to Variables OA31-OA33. (00) No child safety seat		
29. Type of Child Safety Seat (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat type (9) Unknown if child safety seat used 30. Child Safety Seat Orientation (00) No child safety seat Designed for Rear Facing for This Age/We (01) Rear facing (02) Forward facing (08) Other orientation (specify): (09) Unknown orientation Designed For Forward Facing for This Age (11) Rear facing (12) Forward facing (13) Other orientation (specify): (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight	Not Designed With Harness/Shield/Test added, not used (02) After market harness/shield/test (03) Child safety seat used, but no harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (29) Unknown if child safety seat used (39) Unknown if child safety seat used (39) Unknown if child safety seat used (39) Unknown if child safety seat used (39) Unknown if child safety seat used (39) Unknown if child safety seat used (39) Unknown if child safety seat used (30) Unknown if chi	ther used after market her used her used /Shield/Tether	
(21) Rear facing (22) Forward facing (28) Other orientation (specify):			
(29) Unknown orientation			
(99) Unknown if child safety seat used			

	INJURY CONSEQUENCES	38. Working Days Lost 99
34.	Injury Severity (Police Rating) 3	Code the number of days (up through 60) that the occupant
	(0) O - No injury	lost from work due to the accident
	(1) C - Possible injury	(00) No working days lost
	(2) B - Nonincapacitating injury	(61) 61 days or more
	(3) A - Incapacitating injury	(62) Fatally injured (97) Not working prior to accident
	(4) K - Killed	(99) Unknown
	(5) U - Injury, severity unknown	,,
	(6) Died prior to accident	
	(9) Unknown	STOP - GO TO VARIABLE 44 ON PAGE 7
		VARIABLES 39 THROUGH 43 ARE
35	Treatment - Mortality 9	COMPLETED BY THE ZONE CENTER
JJ.	(0) No treatment	
	(1) Fatal	
	(2) Fatal - ruled disease (specify):	39. Time to Death
		Code number of hours from time of
		accident to time of death up through 24
	Nonfatal	hours. If time of death is greater than 24
	(3) Hospitalization	hours, code number of days. (Note: 1 day =
	(4) Transported and released (5) Transported	31, 2 days = 32, n days = 30 +n up
	(5) Treatment at scene - nontransported (6) Treatment later	through 30 days = 60) (00) Not fatal
	(8) Treatment later (8) Treatment - other (specify):	(00) Not fatal (96) Fatal - ruled disease
i		(99) Unknown
	(9) Unknown	
	9	40. 1st Medically Reported Cause of Death
36.	Type Of Medical Facility (for Initial Treatment)	
	(0) Not treated at a medical facility	41. 2nd Medically Reported Cause of Death
	(1) Trauma center	42 3rd Medically Reported Cause of Death
	(2) Hospital (3) Medical clinic	42. 3rd Medically Reported Cause of Death Code the Occupant Injury from line
	(4) Physician's office	number(s) for the medically reported
	(5) Treatment later at medical facility	injury(s) which reportedly contributed to
	(8) Other (specify):	this occupant's death
		(00) Not fatal or no additional causes
	(9) Unknown	(97) Other result (includes fatal ruled disease) (specify):
	Hospital Stay	
37.	. Hospital day	(99) Unknown
1	(00) Not Hospitalized Code the number of days (up through 60)	Į
l	that the occupant stayed in hospital.	43. Number of Recorded Injuries for
1	(61) 61 days or more	This Occupant
1	(99) Unknown	Code the actual number of
l		injuries recorded for this occupant.
		(00) No recorded injuries
		(97) Injured, details unknown
ĺ		(99) Unknown if injured
ŧ		

AUTOMATIC BELT SYSTEM	48. Automatic (Passive) Belt Failure Modes			
44. Automatic (Passive) Belt System Availability/ Function (0) Not equipped/not available (1) 2 point automatic belts (2) 3 point automatic belts (3) Automatic belts - type unknown	During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify):			
Non-functional (4) Automatic belts destroyed or rendered inoperative (9) Unknown	(6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown			
 45. Automatic (Passive) Belt System Use (0) Not equipped/not available/destroyed or rendered inoperative (1) Automatic belt in use (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): (3) Automatic belt use unknown (9) Unknown 	49. Seat Orientation (this Occupant Position) (0) Occupant not seated or no seat (1) Forward facing seat (2) Rear facing seat (3) Side facing seat (inward) (4) Side facing seat (outward) (8) Other (specify):			
46. Automatic (Passive) Belt System Type (0) Not equipped/not available (1) Non-motorized system (2) Motorized system (9) Unknown	STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER TRAUMA DATA			
47. Proper Use of Automatic (Passive Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system	50. Glasgow Coma Scale (GCS) Score (at Medical Facility) (00) Not injured (01) Injured - not treated at medical facility (02) No GCS Score at medical facility (03-15) Code the actual value of the initial GCS Score recorded at medical facility. (97) Injured, details unknown (99) Unknown if injured 51. Was the Occupant Given Blood? (1) No - blood not given (2) Yes - blood given (specify units): (9) Unknown if blood given			
(specify): (9) Unknown	52. Arterial Blood Gases (ABG) – HCO3			
ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED NO [1] YES [] WITH INITIAL SUBMISSION?				
UPDATE CANDIDATE	NO [JY YES []			



OCCUPANT ASSESSMENT LOG

National Highway Traffic Safety

OMMA	tration	1
	TO BE COMPLETED BY TEAM	14. Was This Occupant Injured?
1.	PSU Number <u>NCSI</u>	(1) Yes (9) Unknown
2.	Case Number—Stratum 9304	,
3.	Researcher Completing Form	15. Status of Medical Release (0) Occupant not injured
4.	Vehicle Number <u>0 3</u>	(1) Medical release not required at medical facility
5.	Occupant Number Ol	Medical Release Required (2) Required not obtained
6.	Interviewer Number	(3) Required obtained
7.	Date Interview Completed/	16. Injury Treatment Status (00) Occupant not injured (01) No treatment (02) Feet stands before been italization
8.	Date Official Medical Data Requested	(O2) Fatal—died before hospitalization (O3) Fatal—died after hospitalization (O4) Hospitalization (O5) Emergency room treatment only
9.	Date Official Medical Data Obtained Informed that no record	(06) Treatment at physician's office (07) Treatment at scene or self treatment (08) Outpatient surgery (09) Treatment at medical facility—unknown level of
10.	Occupant's Role (1) Driver (2) Passenger (3) Unknown	treatment (99) Unknown
	(5) GIRIOWII	17. Injury Information Form Record
12.	Interviewee For This Occupant (0) No interview (1) Same person Surrogate (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories (specify): . Manner Of Interview (0) No attempt (1) Telephone (2) In-person (3) Questionnaire (9) Unknown (for Zone Center use only) . Result Of Last Interview Attempt (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview	Official a. Autopsy (invasive examination) b. Post-ER medical record which includes information about death based on non-invasive examination c. Admission record/summary of admission/discharge face sheet d. Discharge summary e. Operative report f. Radiographic record(s) post ER visit g. History and physical examination and/or consultation records h. Emergency room records i. Radiographic record(s) associated with ER visit j. Private physician Unofficial k. Lay coroner l. EMS record m. Interviewee n. Other source (specify):
	(13) Complete interview	

CODES FOR OCCUPANT ASSESSMENT LOG VARIABLE 16 (INJURY INFORMATION)

OCCUPANT UPDATE FORM RECEIVED (FIRST COLUMN)

(Blank) No or not applicable

(1) Yes

STATUS OF MEDICAL RECORD (SECOND COLUMN)

- (Blank) Not medically treated/record not required
 - (O1) No record of treatment at medical facility
 - (02) Medical release required—not obtained
 - (03) Injury not related to accident
 - (04) Noncooperative hospital
 - (05) Hospital out-of-study area
 - (08) Private physician would not release data
 - (07) Unknown if medically treated
 - (08) To be updated
 - (09) Record not received before file closeout
 - (10) Record not obtained
 - (11) Record obtained
 - (12) Partial record obtained—not to be updated
 - (13) Partial record obtained—to be updated

TO BE COMPLETED BY ZONE CENTER

- 18. Documentation of Occupant Interview
 - (Excludes Injury Data)
 - (O) Not applicable
 - (1) Substandard
 - (2) Standard

DATA STATUS OF VARIABLE NUMBERS 4-52

4	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22	23	24	25
						-				
26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47
48	49	50	51	52						
		1			1					

Data Status Codes:

(Blank) Correct

- (5) Sequencing error
- (1) Derived error
- (7) Incorrect edit override (8) MDE error
- (2) Non-correctable error
- (3) Correctable error (4) Change—no error
- (9) Unknown coded



National Highway Traffic Safety Administration

INTERVIEW FORM (A)

1. Primary Sampling Unit Number NCSI	Interviewee(s) Role or Name(s):						
2. Case Number - Stratum 9 3 0 9							
3. Vehicle Number <u>0</u> 3							
Review all available information and interview of acquisition of all pertinent data.	questions prior to conducting interview(s) to ensure the						
If the driver was not the person interviewed, w	as an appointment made for a follow-up interview?						
DRIVER'S DESCRIPTION OF ACCIDENT EVENTS							
Not Intervi	ewed						
. +							
OOOLIDANT/C DEC	CRIPTION OF ACCIDENT EVENTS						
OCCUPANT 5 DES	CRIPTION OF ACCIDENT EVENTO						
·							



National Highway Traffic Safety Administration

CONTACT LOG

1. PSU Number	NCSI	3. Vehicle NumberO3_
2. Case Number-Stratum 9304		4. Assigned Researcher Number
VEHICLE INSP	ECTION	INTERVIEW
Date Time	iD# Contact Manner Result	DRIVER INTERVIEW Date Time ID# Contact Manner Result
193	<u> 2 2 /</u>	193 19:45 = 1 2 10
		12:00 EL 3 _
'		193 12:00 - 1 3 1
		/
<i>''</i> :		'
<i>''</i>		OCCUPANT INTERVIEW
''		Occ. No. Date Time ID# Contact Manner Result
' '		'
/ /		''
		'
		'
CONTACT (1) Owner/driver (2) Towyard (3) Repair facility * (4) Salvage yard (5) Police (6) Insurance company (7) Attorney		CONTACT (0) No interview (1) Driver (2) Other occupant (3) Relative or friend (4) Multiple interviewees from above categories
(8) Other (specify):		MANNER
MANNER (1) Telephone (2) In-person		(0) Vehicle not occupied (1) Telephone (2) In-person (3) Questionnaire (4) Other (specify):
(3) Questionnaire (4) Other (specify):	· · · · · · · · · · · · · · · · · · ·	RESULT (01) Unable to contact or locate (02) Hit and run (03) Fatal—surrogate not available
RESULT (1) Complete inspection (2) Partial inspection (3) Refusal (4) Vehicle moved to known loc (5) Vehicle moved to unknown (6) Vehicle located, no permissi (7) Vehicle repaired (8) No answer/not home (9) Other (specify):	location	(03) Fatal—surrogate not available (04) In intensive care—surrogate not available (05) Out-of-state resident (06) Refused interview (07) Insurance company refusal (08) Attorney refusal or litigation (09) No return of questionnaire (10) Other (specify): (11) Return of completed questionnaire (12) Partial interview (13) Complete interview



V-1 1993	Dode	se Intrepial BEST AVAILABLE COPY	
Dup. Cols. 1-8 Module A B			A B-1
ACCIDENT SUMMARY		AIRBAG VEHICLE INSPECTION	
CCIDENT DATE 193		DATE VEH. INSPECTED	93
POLICE INVESTIGATED (1,2,9)*		REASON VEHICLE NOT INSPECTED	
City County GENERAL LOCALITY (1) Freeway, Limited Access (2) Urban (City)	(A)	(0) Not Required (1) Inspection Completed (2) Cannot be Located** (3) Repaired or Destroyed** (5) Refual or impounded** (7) Other* **Specify: Exterior repaired Interior not yet repaired	ユ
(3) Urbun-Rural (mixed) (4) Rural, Fields		IMPACT DATA OBTAINED	0
CONFIGURATION (First Harm) (0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe-Same Direction (6) Sideswipe-Opposite Direct. (7) NonColl:eg Fell from Veh 3) NonImpact Deployment (9) Unknown FIRE INVOLYED (0) None (1) AirBag Vehicle (2) Other Vehicle (3) Both Vehicles (9) Unknown NUMBER: VEHICLES INVOLVED (8)=8 or more PERSONS INVOLVED INJURED PERSONS MAXIMUM AIS IN ACCIDENT	4 0 3 6 4 1	(0) No Data Obtained (1) CDC Only (2) Crush Profile Only (3) Trajectory Data Only (4) CDC and Crush Profile (5) CDC and Trajectory (6) Crush and Trajectory (7) CDC, Crush & Trajectory BASIS OF DELTA-V (0) Not Computed (Unknown Why) (1) CRASH - Damage Only (2) CRASH - Damage+Trajectory (3) Missing Vehicle Algorithm (4) Yielding Object Algorithm (5) Unknown Basis (6) One Vehicle Beyond Scope (7) Collision Beyond Scope (7) Collision Beyond Scope (8) Insufficient Data VEHICLE HISTORY HAS AIRBAG VEHICLE BEEN IN ANY PRIOR IMPACTS (1,2,9)*	\(\rak{\pi}\)
	9	HAS ANY PRIOR MAINTENANCE/SERVICE BEEN PERFORMED ON SYSTEM(1,2,9)	
PRIME/DEPLOY IMPACT W AB VEH: EVENT NUMBER CDC 10- RZEW-3		*Describe:	
TOTAL DELTA-V	99	AIRBAG VEHICLE: FLEET Private	
Model Year, Make, Model, Body Ty 1986 Buick Century 4 dr.		WIN 2 B 3 E Miles	
# (1)=Yes, (2)=No, (9)=Unknown		DRAFT - 09/04/85	

POST-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut (2)
- Inoperative (9)
- Unknown

POST-IMPACT FLASHING

- (00) No Flashing
- (01) Continuous Flashing
- -- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not Appl (removed)
- (99) Unknown

(29) Highway/Traffic sign post (30) Overhead sign support

(31) Luminaire/Light support (32) Utility pole

(33) Other post, pole, or support (specify): (34) Culvert (35) Curb

(36) Ditch

(37) Embankment-earth

(38) Embankment-rock, stone or concrete

(39) Fence (wooden, wire, chain link, etc.) (40) Wall (stone, rock, metal, etc.)

(41) Fire hydrant

(42) Shrubbery

(43) Tree

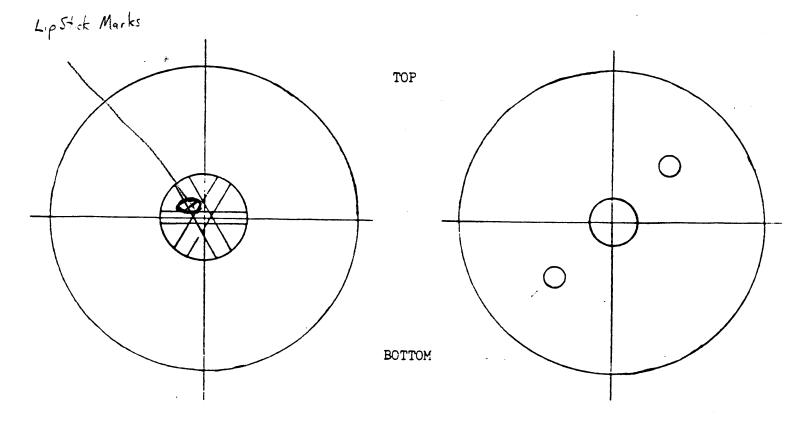
(44) Other fixed object (specify):

(45) Pavement surface irregularity (pothole, grooved, grates)

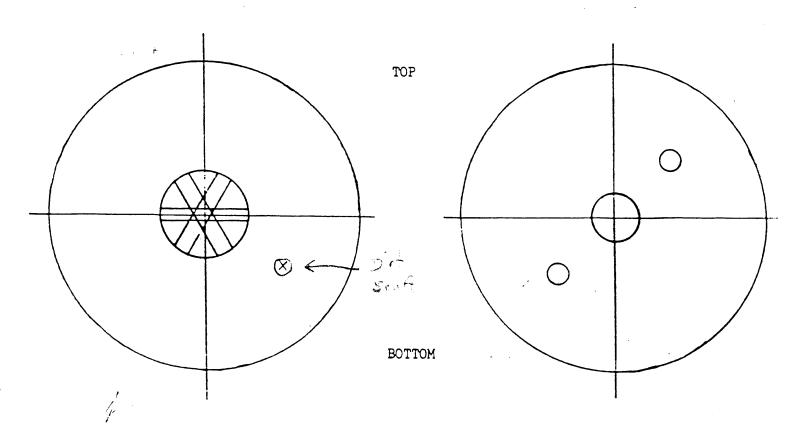
(99) Unknown

	FIRST AIRBAG VEHICLE IMPACT:	
1 : 1	ļ	. /
	CONFIGURATION	4
	(0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction	
2	(6) Sideswipe-Opposite Direct.	
	(8) Nonimpact Deployment(9) Unknown	
		// 1
,	OBJECT CONTACTED: 1984 Buick Century	<u>4</u> dr
0	PRIMARY/DEPLOYMENT IMPACT:	1
	EVENT NUMBER	
	TOTAL DELTA-V	99
0	LONGITUDINAL DELTA-V	99
	CONFIGURATION	4
	 (0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction 	
	(6) Sideswipe-Opposite Direct.(7) NonColl:eg Fell from Veh(8) NonImpact Deployment(9) Unkonwn	
1	coc 12 - F9 EW - 9	
	OBJECT CONTACTED: 1986 Buick Contary	4dr.
	NOTES:	
9		
9		
	1	(0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction (6) Sideswipe-Opposite Direct. (7) NonCollieg Fell from Veh (8) NonImpact Deployment (9) Unknown CDC

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW: DRIVER'S AIR BAG



NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW: Passenger Air Bas



OCCUPANTS/DRIVER	AIRRAG SUPPLEMENT AB-5
CCUPANTS of AIRBAG CAR NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more NUMBER OF INJURED PERSONS MAXIMUM AIS IN AIRBAG VEHICLE (0) No Injury (1-6) AIS Severity (7) Injured, Unknown Severity (9) Unknown	NOTES:
NUMBER OF DRIVER INJURIES SOURCE OF BEST INJURY DATA (0) Not injured (1) Autopsy w/wo med. records (2) Hospital Medical Records (3) Emergency Room only (4) Private physician, Clinic (5) Lay Coroner Report (6) EMS Personnel 7) Interviewee (8) Police (9) Unknown MAXIMUM AIS BY BODY REGION REGION Head/Neck/Face Chest Abdomen Leg/Hips Other (Arms) DRIVER MAXIMUM	
Portal	

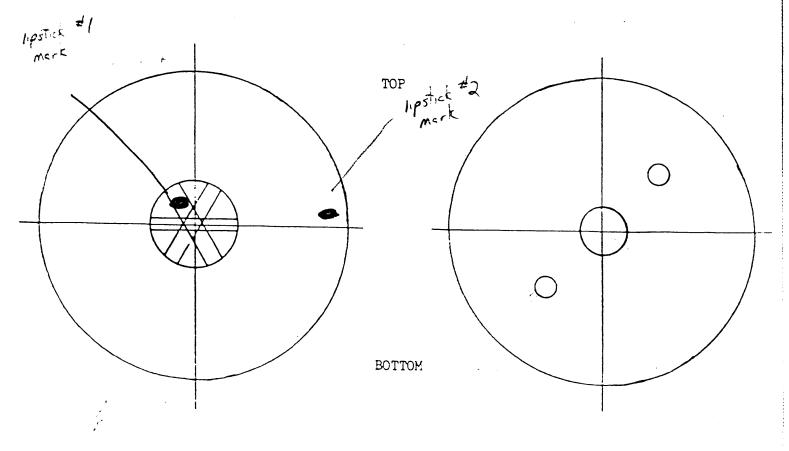
DRI	R-PASSENGER	AIRBAG SUPPLEMENT	AB-6
	R BELT USAGE: (1) Used (2) Not Used nce: peening on tab, slight stretching, PAR	(9) Unknown	
		1	-
DRI	R POSTURE: Any Comments Recorded (1)	Yes, (2) No	
on Did	ibe driver's posture and position on seat in ad, torso, buttocks, legs and feet. Also not river brace before crash? Describe:	e hand and arm posi	tion.
ReImp	: Normal uprisht directly behind steering wi		
	floor right foot on accelerator, both hand	li on Wheel (10+ & or	<u></u>
	Ret but to brake pedal at impact		
DRI	R FOREIGN OBJECTS: Comments Recorded (1) Yes	s, (2) No	
obj	river wearing contact lenses or eyeglasses? t at the time of the impact (packages on lapette, etc.)? Did any lenses, objects, or jew	, pipe, food, bottl	е,
	Exeglass were worn, did not get damage	sed or leave face	-
	did not harm air bas; one ring on each to rings or airbas however a contusion	hand, no dama	ise
DRI	R COMMENTS: Comments Recorded (1) Yes		1
res	the driver aware that the vehicle was equipped aint system? Did driver offer any comments the driver comment on the airbag as a restrain	on smoke, noise, et	tc.?
	thought after impact was that can was on fire o	due to "smoke" prese	ence,
<u>+</u>	recalled car dealer informing her of "smoke"	or powder from gir	<u>b95</u>
de	yment, exited vehicle anyway - as precaution - ass	sisting 3 children ou	tas
wel	felt Air Beg worked very well + claimed to neve	rown a vehicle wont	one
1	NGER-AIRBAG CONTACT (1) Yes, (2) No, (9)	•	1
	ibe: Passenger Air Bag deployed apparent		
	er's Air Bay, small dist scutt observed in	a lower right guadr	ant
کہی ا	217 695		

V-2 1992	Plymou	th Sundance BEST AVAILABLE COPY	
Dup. Cols. 1-8 Module A B	Forma	† Q 1 AIRBAG SUPPLEMENT A	B-1
ACCIDENT SUMMARY		AIRBAG VEHICLE INSPECTION	
ACCIDENT DATE 193		DATE VEH. INSPECTED	93
POLICE INVESTIGATED (1,2,9)*	4	REASON VEHICLE NOT INSPECTED	
·		(0) Not Required	
		(1) Inspection Completed	
		(2) Cannot be Located** (3) Repaired or Destroyed**	
City County		(5) Refual or impounded** (7) Other*	
GENERAL LOCALITY	2	**Specify:	
(1) Freeway, Limited Access(2) Urban (City)			
(3) Urbun-Rural (mixed)			4.
(4) Rural, Fields	.,,	IMPACT DATA OBTAINED	
CONFIGURATION (First Harm)	4	(O) No Data Obtained (1) CDC Only	
(0) Struck Object or Pedestrian		12) Cruch Profile Only	
(1) Rear-End		(3) Trajectory Data Only	
<pre>(2) Head-On (3) Rear-to-Rear</pre>		(4) CDC and Crush Profile (5) CDC and Trajectory	
(4) Angle		(6) Crush and Trajectory	
(5) Sideswipe-Same Direction		(7) CDC, Crush & Trajectory	
(6) Sideswipe-Opposite Direct.		DAGLO OF DELTA V	7
(7) NonColl:eg Fell from Veh (8) NonImpact Deployment		BASIS OF DELTA-V	'' -
(9) Unknown		(O) Not Computed (Unknown Why)	
		(1) CRASH - Damage Only	
FIRE INVOLVED (0) None	0	(2) CRASH - Damage+Trajectory	
(1) AirBag Vehicle(2) Other Vehicle		(3) Missing Vehicle Algorithm (4) Yielding Object Algorithm	
(3) Both Vehicles		(5):Unknown Basis	1
(9) Unknown		(6) One Vehicle Beyond Scope	1
WWWDED WELLOUES INVOLVED	3	(7) Collision Beyond Scope = 5hassin (8) Insufficient Data Occurre	5
NUMBER: VEHICLES INVOLVED (8)=8 or more		(6) Insufficient bala baggie	
PERSONS INVOLVED	6	VEHICLE HISTORY	
	6 4	WAS ALTONO MENTON & DEEM AN	12
INJURED PERSONS		HAS AIRBAG VEHICLE BEEN IN ANY PRIOR IMPACTS (1,2,9)*	
MAXIMUM AIS IN ACCIDENT		ART TRIOR THI NOTS (1,2,5)	-
		HAS ANY PRIOR MAINTENANCE/SERVIC	
OTHER VEHICLE: MAXIMUM AIS	9	BEEN PERFORMED ON SYSTEM(1,2,9)	*
		*Describe:	
PRIME/DEPLOY IMPACT w AB VEH: EVENT NUMBER	2		
coc <u>02 - L D E W - 3</u>			
TOTAL DELTA-V	99	AIRBAG VEHICLE: FLEET Private	•
Model Year, Make, Model, Body T	ype:	VIN 3 P 3 X P 64K2N7	
1986 Buick Century	, T	MILEAGE 12,372 mics	
* (1)=Yes, (2)=No, (9)=Unknown		DRAFT - 09/04/85	

AIRBAG VEHICLE YSTEM READINESS LAMP FIRST HARMFUL EVENT In Instrument Cluster) RRE-IMPACT LAMP CONDITION (01) Fire or explusion (02) Immersion Functioning/ProvedOut (1)(03) Gas Inhalation (2) Inoperative (04) Fell from vehicle (9) Unknown (05) Injured in vehicle (06) Other noncollision (specify): (07) Overturn DRIVER'S REPORT OF (08) Jackknife with intraunit damage PRE-IMPACT FLASHING Collision With: (09) Pedestrian and readstraining Reported (10) recial cyclist (01) Continuous Flashing (11) Railway train (02)(12) Animal -- > Number of Flashes (13) Motor vehicle in transport (same (11)roadway) (12) Constant Light (14) Motor vehicle in transport (other (19) Flashing, Unkn Number roadway) (88) Not App (system removed) (15) Parked motor vehicle (99) Unknown (16) Other type nonmotorist (specify): (17) Thrown or falling object (18) Boulder PERIOD OF PRE-IMPACT FLASHING Collision with Fixed Object: (20) Building 9 (0) No Flashing (21) Impact attenuator/Crash Cushion (1) Same Day as impact (22) Bridge pier or abutment (2) Prior Day (23) Bridge parapet end Prior Two Days (3) (24) Bridge rail (4) Prior Week (25) Guardrail (5) Prior Month (26) Concrete traffic barrier Over One Month (6) (27) Median barrier (9) Unknowń (28) Other longitudinal barrier (specify): (29) Highway/Traffic sign post (30) Overhead sign support POST-IMPACT LAMP CONDITION (31) Luminaire/Light support (32) Utility pole a (1) Functioning/ProvedOut (33) Other post, pole, or support (specify): (2) Inoperative (34) Culvert (9) Unknown (35) Curb (36) Ditch (37) Embankment-earth POST-IMPACT FLASHING (38) Embankment-rock, stone or concrete (39) Fence (wooden, wire, chain link, etc.) 99 (00) No Flashing (40) Wall (stone, rock, metal, etc.) (01) Continuous Flashing (41) Fire hydrant (02)(42) Shrubbery -- >Number of Flashes (43) Tree (11)(44) Other fixed object (specify): (12) Constant Light (45) Pavement surface irregularity (pothole, (19) Flashing, Unkn Number grooved, grates) (88) Not Appl (removed) (99) Unknown (99) Unknown

ATREAS VEHICLE IMPACT SUMMARY		FIRST AIRBAG VEHICLE IMPACT:	11
"THICLE ROLE	1-1	CONFIGURATION	1
(0) Non-collision (1) Striking Unit (2) Struck Unit (3) Both Striking and Struck (9) Unknown MANNER OF LEAVING SCENE (1) Driven (2) Towed-due to damage (3) Towed - not for damage - Caed - delails unknown (5) Abandoned	(a)	(0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction (6) Sideswipe-Opposite Direct. (7) NonColl:eg Fell from Veh (8) NonImpact Deployment (9) Unknown CDC 12 FLAE 9	
(9) Unknown		OBJECT CONTACTED: <u>V3</u>	
NUMBER OF IMPACT EVENTS (8) 8 or more, (9) Unknown	3		Γ
ROLLOVER (O) No Rollover	2	PRIMARY/DEPLOYMENT IMPACT:	
(1) First Event(2) Subsequent Event(3) Yes, UnknownEvent		EVENT NUMBER (a constant) TOTAL DELTA-V	99
(9) Unknown '		LONGITUDINAL DELTA-V	99
VERRIDE/UNDERRIDE	0	CONFIGURATION	4
(1) No over/underride (1) Override - 1st CDC (3) - Other CDC (4) Underride - 1st CDC (6) - Other CDC (9) Unknown AIRBAG VEHICLE DAMAGE CODES: (1) Yes, DAMAGED (2) No Damage		(0) Struck Object or Pedestrian (1) Rear-End (2) Head-On (3) Rear-to-Rear (4) Angle (5) Sideswipe - Same Direction (6) Sideswipe-Opposite Direct. (7) NonColl:eg Fell from Yeh (8) Nonimpact Deployment (9) Unkonwn	
(9) Unknown LEFT FRONT FENDER DAMAGE	1	coc 12 - F L A E - 9	
RIGHT FRONT FENDER DAMAGE	1	OBJECT CONTACTED: V3	
CENTER TOP OF GRILLE DAMAGE	0	NOTES: 140 cm of contact danage	down
FRONT BUMPER E.A. STATUS: Left	4	NOTES: 170 En Lence extent zon Ven us sooged during im	ped
 (1) Normal Right 2) Extended (3) Partial Compression (4) Complete Compression (5) Not Applicable (9) Unknown 	3	Marine Ly acteuration	

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



DRIYER-PASSENGER	AIRBAG SUPPLEMENT AB-6
	(2) Not Used (9) Unknown 1
Describe driver's posture and posi on head, torso, buttocks, legs and Did driver brace before crash? De	
on floor (6) foot on accelera	ator
object at the time of the impact (cigarette, etc.)? Did any lenses,	or eyeglasses? Or holding any foreign packages on lap, pipe, food, bottle, objects, or jewelry play any role?: contact lens (soft), they did
Was the driver aware that the vehi restraint system? Did driver offe Did the driver comment on the airb	Recorded (1) Yes, (2) No Icle was equipped with a supplemental er any comments on smoke, noise, etc.? bag as a restraint system? Describe:
	t another vehicle w/ air bag
PASSENGER-AIRBAG CONTACT (1) Your Describe: 2 separate lipstick center and one to for	es, (2) No, (9) Unknown I marks on air bag one near Ter rish (series) of air bag





CRASHPC PROGRAM SUMMARY

National Highway Traffic Safety

NATIONAL ACCIDENT SAMPLING SYSTEM

National Highway Traffic Safety Administration	(Mit Medantellieura ili Metric)	CRASHWORTHINESS DATA SYSTEM
Identifying Title NCST Primary Sampling Unit Primary Sampling Unit	Accident Event Sequence No.	Date (Month, day, year) of Run
CRASHPC Vehicle Identification		
Vehicle 1	PlymouthS	Jundance 2
Vehicle 2 <u>/986</u>	Buick	Century 3
Year	Make	Model NASS Veh. No.
	GENERAL INFORMATION	
VEHICLE I		VEHICLE 2
Size	<u> </u>	<u>3</u>
Weight	Weight	()
1187 + 61 + = /		$\frac{70}{100} + \frac{1}{100} = \frac{73}{100} = \frac{6}{100} \text{ kg}$
Curb Occupant(s) Cargo	1 C Q	pant(s) Cargo / O L D E W 3
$\frac{1}{2} \frac{\partial}{\partial x} \frac{1}{x} \frac{\partial}{\partial x} \frac{1}{x}$	$\frac{A}{3} \frac{E}{5} \frac{I}{O}$ CDC PDOF (-180 t	
PDOF (-180 to +180)		180) 2 <u>3 1 0</u>
Stiffness	Stiffness	<u>5</u>
	SCENE INFORMATION	
Rest and Impact Positions 1 No	Go To Demage Information	/es
VEHICLE 1		VEHICLE 2
		V
Rest X	m Rest Position	X m
Y	m	Ym
PSI		PSI °
Impact X	m Impact Position	X m
Position Y	m	Y m
PSI	°	PSI · °
Slip Angle(-180 to +180)	° Slip Angle (-1	180 to +180) °
	VEHICLE MOTION	
Sustained Contact [] No []	Yes	
VEHICLE 1	***************************************	VEHICLE 2
Skidding (Rotation)	I No I I Yes Skidding (Ro	tation) [] No [] Yes
	***************************************	Stop Before Rest [] No [] Yes
End of Rotation X	m End of R Position	otation X m
Position	Position	/ Ym
PSI	o	PSI °
Curved Path I	I No I I Yes Curved Path	[] No [] Yes
Point on Path	Point on	
		m Ym
Rotation Direction [] None [LCW L LCCW Potenica Dia	ection [] None [] CW [] CCW
		>360° [] No [] Yes

SUMMARY OF CRASHPC RESULTS USING DAMAGE

93~04

SPEED CHANGE (DAMAGE)

VEHICLE #1

30 KPH (19 MPH) TOTAL LONGITUDINAL -29 KPH (-18 MPH) LATITUDINAL 5 KPH (3 MPH)

-10 DEGREES FDOF ANGLE

ENERGY DISSIPATED = 20023 JOULES (14767 FT-LB)

VEHICLE #2

29 KPH (18 MPH) TOTAL -18 KPH (-11 MPH) LONGITUDINAL 22 KPH (14 MPH) LATITUDINAL PDOF ANGLE -50 DEGREES

ENERGY DISSIPATED = 93229 JOULES (68753 FT-LB)

DAMAGE DATA

VEHICLE #1

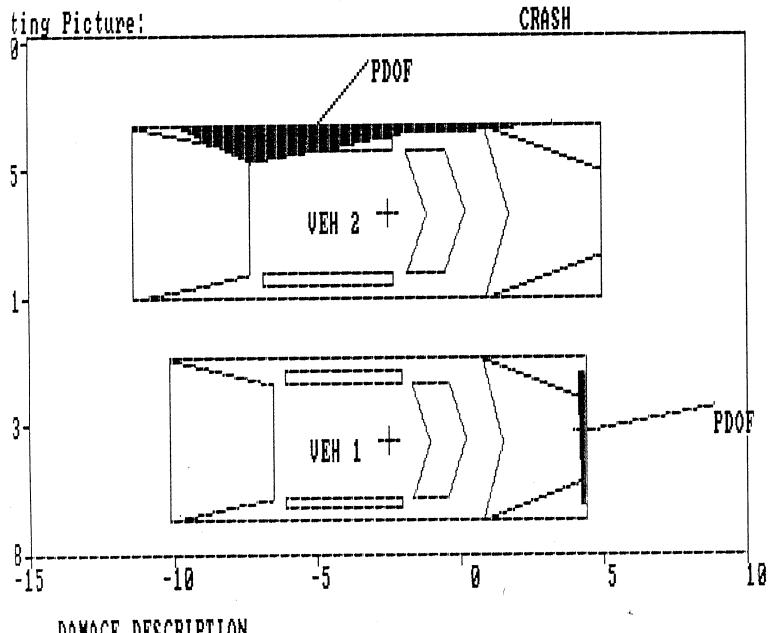
VEHICLE #2

SIZE CATEGORY	2	3
STIFFNESS CATEGORY	Э	3
VEHICLE WEIGHT	1248 KGS (2751 LBS)	1300 KGS (2866 LBS)
CDC	12FLAE9	1 OLDEW3
PDOF ANGLE	-10 DEGREES	-50 DEGREES
CRUSH LENGTH	141 CM. (56 IN.)	400 CM. (157 IN.)
C1	10 CM. (4 IN.)	0 CM. (0 IN.)
C2	5 CM. (2 IN.)	40 CM. (16 IN.)
03	2 CM. (1 IN.)	25 CM. (10 IN.)
C4	0 CM. (0 IN.)	9 CM. (3 IN.)
C5	0 CM. (0 IN.)	5 CM. (2 IN.)
C6	0 CM. (0 IN.)	0 CM. (0 IN.)
D	0 CM. (0 IN.)	-25 CM. (-10 IN.)
D'	-7 CM. (-3 IN.)	-87 CM. (-34 IN.)

(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2	
CG TO FRONT AXLE	118 CM. (46 IN.)	130 CM. (51 IN.)	
CG TO REAR AXLE	127 CM. (50 IN.)	141 CM. (56 IN.)	
TRACK	139 CM. (55 IN.)	150 CM. (59 IN.)	
CG TO FRONT OF VEH	212 CM. (83 IN.)	228 CM. (90 IN.)	
CG TO REAR OF VEH	-233 CM. (-92 IN.)	-270 CM. (-106 IN.)	
CG TO SIDE OF VEH	85 CM. (34 IN.)	92 CM. (36 IN.)	
MOMENT OF INERTIA	9576 KGS (21111 LBS)	112 36 KGS (24770 LBS)	
VEHICLE MASS	3 KGS (7 LBS)	3 KGS (7 LBS)	



DAMAGE DESCRIPTION



PRELIMINARY SUMMARY NCSI Case 93-04

Airbag Deployment Accident (Driver and Passenger Side)

Michigan

The NCSI In-depth accident investigation team was notified of this crash on **AND 1888** 1993 by **AND 1888** of NHTSA.

The accident occurred on 1993 on a principal arterial roadway in 1993 Michigan. The involved vehicles were as follows: a 1993 Dodge Intrepid (case vehicle) equipped with both a driver's side and passenger side airbag supplemental restraint system, a 1986 Buick Century, and a 1992 Plymouth Sundance equipped with a driver's side airbag supplemental restraint system. The accident was investigated on-site by the Folice Department.

The case vehicle was traveling southbound in the number three lane when it struck the Buick on the right rear quarter panel. The Buick, which was in the process of a left turn, rotated clockwise approximately 180 degrees and was then struck by the Plymouth which was traveling southbound in the number one lane. The Plymouth rotated counter clockwise, side slapping the Buick, then rolled one quarter turn and impacted a luminaire light pole with its roof.

Upon impact, both driver and passenger side airbags deployed in the case vehicle. Both front occupants were also properly restrained by the passive three-point lap and shoulder belt system of the vehicle. The driver is approximately 67 inches tall and weighs 150 pounds. The RF passenger is approximately 48 inches tall and weighs 70 pounds. Both front seats were in their forward most position. The driver stated that she was transported and released to a nearby hospital where she was treated for a whiplash type injury to the cervical and thoracic spine, an abrasion to the right forearm, and a contusion to the left ring finger. The RF passenger did not seek medical attention although claims an abrasion to the right leg just below the knee and swelling to all ten digits of both hands. Two rear seat passengers, who were properly restrained by lap and shoulder belts were not treated and claim no injuries.

The driver of the case vehicle stated that she believed that the car was on fire immediately after the accident but then recalled that the dealer had informed her that there would be a cloud of powder and smoke in the vehicle should the airbag be deployed. Nevertheless. she quickly exited the vehicle and removed the three child occupants. The driver further stated that the airbag system prevented probable serious injury to both her and the RF occupant and would not own another vehicle without both driver and passenger side airbags.

PHOTOGRAPH INDEX NCSI CASE 93-04

- Photograph #1...Case Vehicle approach, looking south
 - #2...Case Vehicle approach, looking south
 - #3...Case Vehicle approach, looking south
 - #4...Case vehicle approach, area of impact
 - #5...Looking back over impact area, looking north
 - #6...Struck vehicle approach, looking NW
 - #7...Looking back, looking SE
 - #8 through #12..Case Vehicle exterior (repaired)
 - #13...View of Case Vehicle deployed airbags
 - #14...View of Case Vehicle driver's airbag
 - #15...View of Case Vehicle passenger airbag
 - #16...Close-up of passenger airbag, dirt smudge





















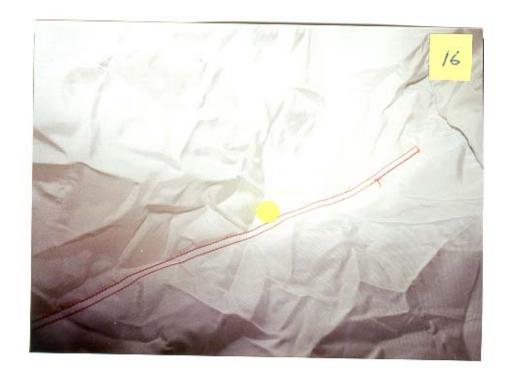














National Highway Traffic Safety Administration

SLIDE INDEX

Primary Sa	ampling Ur	nit Number <u></u>	Case Number – Stratum 9304
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-4	1	S	Vehicle I Approach
5		N	Looking back over VI approach
6-9	3	N	Veh. 3 approach prior to turning manuever
10-14	3	NW	Veh. 3 approach through Left turn manuever
15	3	SE	Looking back over V3 approach (turning manuever)
16	3	5	Looking back over V3 initial approach
17.20	2	5	V2 Approach through impact with V3
21-22	2	5/5W	Va approach to roll, impact with pole, + V2 FRP
೩૩	2	NINE	Louking back from V2 FRP
24-25	<u>a</u>	N	Looking back over V2 approach
26-27			VI Identification - VIN
28-37			VI Exterior - mostly repaired
38			VI Interior - shot across front seat
39-42	1		VI Driver's Air Bas
43-47			VI Passenger's Air Bag
48-59	1		VI Front Seat Interior showing contact points
60-61			VI Rear View mirror (broken off from mount)
62			VI Driver seat position controls - motorized seat
63-64			VI Driver (LF) seat belt
65			VI RF seat belt
66	1		VI RR seat belt
67	1		VI LR seat belt
68-73	1		VI Rear Seat Interior showing contact points
74-95	a		V2 Exterior - showing damage + measurements
96-106	a		Va Front seat interior showing contact points
107-110	a		Va Driver's Air Bas
			(OVER)

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
111-118	a		Va Rear Sect Interior showing seat types + intrusions
119	2		LF seat belt
130	2		LR seat belt
121-123	2		LF sect belt shots
124	3		V3 Identification - VIN
125-144	3		V3 Exterior showing damage + measurement
145	3		V3 RR tire showing excessive wear
146-153	3		V3 Interior
154-155	3		V3 LF seat belt
		1	
L	<u> </u>	<u> </u>	1













































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9304 #4

































































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04 #11































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304 #138































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